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How Do Individuals View Their Own Experiences with Risky Sexual Behaviour?: A Narrative Inquiry

by

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Abstract

The goal of this study was to obtain an in-depth understanding of how individuals' perceive their experiences with risky sexual behaviour. Narrative inquiry and an analysis of narratives were used to explore four participants' experiences. Three broad common themes emerged from a thorough analysis of the participants' interviews: a) conceptualization of risky sexual behaviour, b) factors affecting risky sexual behaviour, and c) perceptions of self. The findings from the current study are carefully explicated and subsequently integrated with previous research. Finally, the implications of these findings, as well as opportunities for future research, are discussed.

Table of Contents

CHAPTER ONE

INTRODUCTION

Background

Despite society's best efforts to reduce the number of individuals who engage in risky sexual behaviour, a survey by Statistics Canada (Rotermann, 2005) found that approximately 40% of sexually active 15-24 year olds did not use a condom the last time they engaged in sexual intercourse. The World Health Organization's decision to place unsafe sex at number two on their list of the top ten major health risks (Canadian Federation for Sexual Health, 2008) is a clear indication of the severity of this issue. A survey by the Public Health Agency of Canada (2007) found that the rate of chlamydia rose 70% between 1997 and 2004, the rate of gonorrhea increased 94% and, most alarmingly, syphilis rates grew 900%. Furthermore, research by Waller et al. (2006) indicated that adolescents who engage in risky sexual behaviour are at an increased risk for depressive symptoms. This suggests that unsafe sex is not only dangerous to an individual's physical health, but could negatively affect his or her mental health and development as well. This underscores the importance of continuing to conduct research in this subject area and illustrates the relevance of this topic to counselling psychologists and other health professionals.

Statement of Purpose

Researchers have investigated a number of risk factors in an attempt to discern a possible explanation for the high incidence of risky sexual behaviour. Many of the factors that have been investigated are socially oriented, primarily

concerned with how risky sex is perceived and how individuals interact with each other and their environment. Past research has indicated that a number of factors including social norms, body image, alcohol, motivation and attachment style are all related to an individual's decision to engage in risky sexual behaviour (Cooper, Shapiro & Powers, 1998; Gillen, Lekowitz & Shearer, 2006; Levinson, Jaccard & Beamer, 1995; Ozer, Dolcini & Harper, 2003; Zwane, Mngadi & Nxumalo, 2000), yet individuals' views on their decision to engage in risky sexual behaviour remains a subject area that is not well understood. This is perhaps because the majority of these studies were conducted using quantitative methods and were, as a result, quite narrowly focused.

It is also important to note that while a number of studies investigating risky sexual behaviour have been conducted in Africa, Australia and the United Kingdom (Brook, Morojele, Zhang, & Brook, 2006; Kirkman, Rosenthal & Smith, 1998; Levinson et al, 1995; Morojele et al., 2006; Ozer et al., 2003; Spitalnik et al., 2007; Zwane et al., 2004), there are few very studies that have focused on North American individuals. The scarcity of information on both Canadians' (and Americans') experiences with risky sexual behaviour is an issue because unless parents, teachers, nurses, psychologists and other health care professionals can fully understand how individuals view their own behaviour, they cannot provide the guidance and support that is required to help them make safe and healthy choices.

Researchers studying risky sexual behaviour have often engaged in the process of examining the relationships between variables and attempting to either

prove or disprove a theory (Cooper et al., 1998; Gillen et al., 2006; Levinson et al, 1995; Lewis, Neighbors, & Malheim, 2006; Ozer et al., 2003; Zwane et al., 2004). While this type of research has produced some meaningful data, it has failed to capture the meaning that individuals have ascribed to their experiences. In order to truly understand individuals' experiences with risky sexual behaviour, a researcher must be willing to set aside his or her own beliefs to provide space for individuals to feel comfortable commenting on, responding to and/or providing context for their behaviour. As such, this study will use the flexible open-ended interview style that is characteristic of narrative inquiry and analysis (Creswell, 2009; Hydén, 1999), in order to obtain a rich description and understanding of participants' own personal experiences with risky sexual behaviour and to gain perspective on how they understand their decision to engage in risky sexual behaviour.

I was specifically interested in what specific behaviours adolescents view as risky, as I have found that the definitions put forth by those who are researching adolescent sexuality do not necessarily fit with what adolescents themselves view as risky. I was also hoping to attain an understanding of how it is that adolescents understand their decisions to engage in behaviour that they believe or have been told is risky and what they believe motivated them to behave in this way. I felt that this information was important in terms of closing the gap between older generations' views of sex and risky sexual behaviour and adolescents' view today. I also hoped that this understanding could be used to

create and inform safer sex education classes and interventions in terms of better tailoring them to their intended audience.

Researcher Interest

I became interested in risky sexual behaviour as I wanted to attain an understanding of the reasons why individuals choose to engage in such behaviour even when acutely aware of the risks. The quantitative study I previously performed provided a little information, but I felt that it was too sanitized to truly get at what the participants' experiences were really like for them. I also felt averse to many of the definitions that were being used to operationally define "risky sexual behaviour" as they seemed out-dated, clinical and narrow in scope; I wanted to discover whether individuals' experiences with and perceptions of risky sexual behaviour fit within this biomedical framework, as I suspected that they may not. I wanted to use a research method that would provide space for individuals to feel comfortable commenting on, responding to and/or providing context for their behaviour. Sexuality is an integral part of the human experience and sexual behaviours are influenced by so many factors; attempting to isolate an individual's experiences with sexual behaviour and to boil them down into discrete events that are separate from the context of his or her overall life story does a disservice to the importance of these multiple influences.

A number of factors and experiences influenced my decision to select risky sexual behaviour as research topic. I have always found sex and sexuality fascinating as it is something that often occurs behind closed doors with little or no outside observation; only the two (or more) individuals involved in any given

sexual experience have the authority to report on what events took place and what those events or experience meant. That being said, the potential risks associated with sexual behaviour, such as unplanned pregnancy, STI transmission and psychological distress, have resulted in sex becoming an activity that society has attempted to regulate. There are laws regarding when and how sexual activity can take place and sexual "disorders" are included in the most current edition of the *Diagnostic and Statistical Manual of Mental Disorders –Fourth Edition – Text Revision (DSM-IV-TR*; American Psychiatric Association, 2000). Additionally, sex education is included in most public school curriculums, ostensibly to teach children and young adults about the potential risks and to provide them with tools and information that may help them to make safer sex choices. Yet even with all of this legislation, information and education it is common knowledge that STIs and unplanned pregnancies continue to be an issue is North American society.

For my undergraduate thesis, I performed a quantitative study testing the hypothesis that an individual's motivations for engaging in sexual behaviour moderate the relationship between attachment style and risky sexual behaviour. I was excited at the prospect of being able to explore whether there was a statistically significant relationship between these three variables. Although the results did suggest one interesting and previously unpublished statistically significant finding, I was disappointed with the end product overall as I was concerned that a substantial portion of the participants' actual feelings about their experiences was lost or ignored in the data analysis process. I began to feel that asking people to translate their experiences into a concrete number on a scale was

somewhat superficial, especially given the sensitive and multifaceted nature of the subject matter. When I began to learn more about qualitative research in my first semester of graduate school, I quickly became excited at the prospect of being able to actually speak with individuals directly about their experiences. While I was initially most interested in phenomenology, the idea of trying to boil an individual's experience down to its constituent parts did not fit comfortably with my perception of how the reality of one's experiences with sex and sexuality (Creswell, 2009). I feel that an individual's decision to engage in sexual activity at any given moment is strongly influenced by their previous experiences, their perception of themselves and others, society and cultural expectations and a host of specific environmental variables, such as setting, absence or presence of contraceptive methods, alcohol and/or drug use, and the behaviour and perceived motivations of others.

I grew up believing that I would remain abstinent until marriage as I quite strongly adhered to a Judeo-Christian belief system as well as to behaviours that I perceived as being "right" and "good" according to social norms and mores. My beliefs and values were challenged when my closest childhood friend, whom I had perceived to be a "good" person who also "followed the rules", married a boy whom she had met on the internet and became pregnant with twins at age 14. Even at that young age I was somewhat surprised by her behaviour, but was also very much able to understand it in the context of her life and her feelings about her husband. A similar situation occurred when another close friend of mine had a child when she was 16 and was asked by the school to stop attending class once

she started “showing” as opposed to encouraging her to stay in school and providing her with any additional supports that she required. I was frustrated with what appeared to me to be the “adults’” inability to see how their behaviour was not helping, but instead potentially ensuring that this young woman would not be able to obtain her high school diploma. What I saw was a system that was obviously not working and instead of examining or attempting to change the system, those in power were punishing one of its victims. All of this led me to become interested in risky sexual behaviour and the reasons behind individuals choosing to not use protection even when acutely aware of the very real risks of such behaviour.

Overview of Thesis

Chapter two provides an overview of human sexual behaviour and development in addition to a thorough examination of the relevant literature on risky sexual behaviour. A review of how risky sexual behaviour has been defined by previous researchers is followed by an exploration of the general risk factors that have been associated with risky sexual behaviour.
Particular emphasis is placed on research and theory pertaining to the relationship between risky sexual behaviour and alcohol, embarrassment, motivation, self-esteem and self-presentational concerns.

Chapter three presents an outline of the theoretical assumptions behind both quantitative and qualitative research methodologies. A description of how the researcher’s worldview informed her choice to conduct the present study using a narrative-based framework and a thorough examination of narrative inquiry and

analysis follows. Specific information pertaining to participant recruitment and selection, data collection and analysis, and ethical considerations is also included. Finally, this chapter outlines the steps taken to ensure of methodological rigour.

Chapter four provides narrative summaries of each participant's experiences with risky sexual behaviour. The participants' stories are followed by an explication of the common themes that emerged through an in-depth analysis of their interviews.

The fifth and final chapter integrates the findings from the current study with previous research. This chapter also discusses implications for clinical practice and sexual education programs, as well as potential opportunities for future research. Finally, this chapter includes a brief discussion of considerations.

CHAPTER TWO

LITERATURE REVIEW

Sexual Behaviour

The Encyclopedia Britannica (2011, ¶ 1) defines human sexual behaviour as "any activity—solitary, between two persons, or in a group—that induces sexual arousal". There are many forms of sexual activity, including masturbation, oral sex and sexual intercourse. Sexual activity can also be understood in terms of the gender, sexual orientation and/or relationship of the individuals involved. For example, sex acts can involve one or more person(s) of any gender or combination of genders and can take place between married couples, dating partners, casual sex partners and strangers. The most common form sociosexual behaviour is heterosexual, meaning that it takes place between one male and one female (Abramson & Pinkerton, 2002). Behaviours intended to sexually arouse a desired potential partner, such as flirting and foreplay, are also considered sexual activities. Sexual activity can occur between two consenting participants or under force or duress.

Most cultures have deemed certain sexual behaviours illegal or socially unacceptable; it may be frowned upon to engage in sexual activity before or outside of marriage, or be deemed a criminal act to have sex with a minor or a non-consenting partner (Abramson & Pinkerton, 2002). A distinction can also be made between sexual activities that have been deemed conventional versus unconventional or deviant. Unconventional or deviant sexual behaviours are not meant to be understood as morally "wrong", but instead simply refer to

behaviours that are uncommon in any given society. Behaviours that are considered deviant in one culture may constitute normal and accepted practices in another. Unconventional activities may include fetishism, bondage, erotic asphyxiation and sadomasochism (Abramson & Pinkerton).

Human Sexual Development

Human sexual development is lifelong process that begins at conception. There is evidence that new-born babies have the ability to become sexually aroused within 24 hours of birth (DeLamater & Friedrich, 2002; Masters, Johnson, & Kolodny, 1982). Initially, human infants are only able to become sexually aroused by touch, but over time they are conditioned to interpret additional non-tactile stimuli as arousing and develop sexual attraction to one or both genders. By age 3, most children have formed a gender identity (DeLamater & Friedrich) and begin to realize that certain gender-specific behaviours are expected and reinforced, while others are strongly discouraged (Bussey & Bandura, 1999). Children also learn the importance of carefully monitoring their sexual response in order to avoid embarrassment or disapproval; this conditioning tends to result from the indirect and even unconscious messages children receive from their parents, teachers, peers and society (Reynolds, Herbenick, & Bancroft, 2003). Children display a significant increase in sexual curiosity and activity between ages 3 and 7, which corresponds to their heightened interest in the world in general. Some parents may be uncomfortable with their children engaging in sex play and restrict such behaviour as well as any communication about sex or

sexuality (DeLamater & Friedrich); this often leads to children seeking information about sex from their peers (Martinson, 1994).

During preadolescence, ages 8 to 12 years, the majority of children's social interactions occur within a group of their same-sex peers (Thorne, 1993). As such, most sexual activity and discovery involve individuals of the same gender (DeLamater & Friedrich, 2003). About 40% of children begin masturbating before puberty (Bancroft et al., 2003); this corresponds with research which indicates that most adolescents first experience sexual attraction between the ages of 10 to 12 and begin having sexual fantasies within the following year (Bancroft et al.; Rosario et al., 1996). Group dating and boy-girl parties commence near the end of this stage, as a first step in the path towards romantic relationships (DeLamater & Friedrich).

Puberty refers to the period of development during which a child's body undergoes the process of becoming a sexually mature adult body (Mayo Foundation for Medical Education and Research [MFMER], 2009); MedicineNet, Incorporated, 2009). This process, which involves the growth and development of the brain, bones, muscles, skin and reproductive organs, typically commences between the ages of 10 and 14 (DeLamater & Friedrich, 2003; Tanner, 1967). Physical changes, such as increased height, enlargement of genitals and breasts, and facial and pubic hair growth, provide others with evidence of sexual readiness and maturity (DeLamater & Friedrich). The rapid increase in sex hormones is also associated with a surge in sexual thoughts and feelings. How and when a child responds to his or her increase in sexual interest is largely dependent on how

important individuals in the child's life react to his or her sexual growth and development (De Lamater & Friedrich).

While the messages children receive about sex generally advocate abstinence (Koyama, Corliss, & Santelli, 2009), they are also largely dependent on gender. Adolescent females learn to associate sexual intercourse with love (Michael et al., 2004) and frequently cite being in love as their primary motivation for engaging in intercourse (Hyde & DeLamater, 2008). Young women also report that they engage in sexual behaviour in hopes of obtaining a boyfriend, in response to male pressure, out of curiosity and to achieve sexual satisfaction (Santrock, 2010). Young women are also swamped with warnings about pregnancy, STIs, and, perhaps most importantly, the associated shame and potential for social disgrace. Alternatively, young males are told to avoid sexual behaviour, but with the caveat that it is expected that they will do so anyway. Adolescent boys' peer groups augment this message by pressuring each other to engage in sexual behaviour and responding favourably to stories of both real and fictional sexual exploits (Santrock).

The double standard of what constitutes appropriate sexual behaviour often leads to somewhat antagonistic male-female relationships, as the male attempts to encourage his female partner to engage in sexual activity and the female is expected to resist or blatantly reject his efforts (Santrock, 2010). In media and popular culture, women continue to be portrayed as sexual objects for men to desire and are expected to restrict any sexual feelings of their own (Tolman, 2002). Females often internalize the idea that males are interested in

them only for sex and therefore are not trustworthy. These feelings of distrust, apprehension and anxiety and rancour are clearly not conducive to the development of warm, affectionate, loving, trusting or healthy male-female relationships (Santrock). While feelings or love and infatuation are usually able to surmount a female's view of some males, who are seen as potential exceptions to the rule, the belief that most men are not to be trusted persists in the minds of many women

Adolescent Sexuality

Adolescence often marks a moratorium on "sex play" as it is replaced by dating (Santrock, 2010). Dating tends to include some level of physical contact, such as necking or petting, which can lead to sexual arousal. Petting includes a variety of behaviours that tend to escalate in a stereotypical fashion from hugging, kissing and caressing to stimulation of the breasts and genitalia (Feldman, Turner, & Araujo, 1999). Petting may be used to express affection or experience pleasure and can also be used foreplay, which leads to coitus. These behaviours tend to be initiated by the male, placing the female in the position of "gatekeeper" who may either accept or reject these advances. Petting is considered important in terms of learning how to sexually interact with a partner (Santrock).

Prior to the year 2000, the median age at sexual initiation had been steadily declining. Recent global statistics indicate that the median age at which individuals begin to engage in sexual behaviour is between 15.5 and 20.5 years for females and 16.5 and 20.5 years for males (Teitler, J., 2002; Wellings, K. et al., 2006). According to Statistics Canada, in 2005 29% of Canadian youth aged

15-17 and 65% aged 18-19 reported that they had engaged in sexual intercourse at least once. These percentages have decreased slightly, 3% and 5% respectively, from a report in 1997. Research also indicates that 95% of Americans engage in premarital sex (Finer, 2007), suggesting that this has become a relatively normal behaviour, yet current sex education policy in the US advocates that ‘‘sexual activity outside the context of marriage is likely to have harmful psychological and physical effects’’ (Section 510, Federal Social Security Act, 2010). This statement is based on the assumption that the association between premarital intercourse and other risky activities and negative health outcomes is causal. For example, there is correlational research indicating that adolescents who engage in sexual behaviour also report psychosocial problems, such as weak academic performance, mental health concerns and delinquency (Armour & Haynie 2007; Hallfors et al., 2005; Leitenberg & Saltzman, 2000; Meier, 2007; Spriggs and Halpern, 2008), as well as studies which have found that individuals who engage in any sexual activity – oral, anal or vaginal – at or before age 16 are more likely to become teenaged parents (Wellings et al., 2001) and to engage in risky sex behaviour as adults (Cavazos-Rehg, Spitznagel, & Bucholz, 2010). Specifically, adolescent sexual initiation is associated with a higher number of lifetime sexual partners, a greater likelihood of engaging in sexual activity while under the influence of drugs or alcohol and a higher probability of contracting STIs (Dickson, Paul, Herbison, & Silva, 1998; Sandfort, Orr, Hirsch, & Santelli, 2008; Seidman, Mosher, & Aral, 1994).

There has been recent speculation that the relationship between early sexual initiation and adult risk sexual behaviour may actually exist because they are both caused by a third, separate variable (Huibregtse, Bornovalova, Hicks, McGue, & Iacono, 2011), such as socioeconomic status (Caminis, Henrich, Ruchkin, Schwab-Stone, & Martin, 2007), an undesirable peer group (Svenson & Hanson, 1996) or a genetic predisposition to engage in risky or impulsive behaviour (Caspi et al., 1997; Donohew et al., 2000; McGue & Iacono, 2005). Additionally, a recent longitudinal study comparing monozygotic and dizygotic twin pairs aged 13-18 years old found that certain genes influence both sexual and delinquent behaviour (Harden & Mendle, 2011). This research also found that in adolescents aged 16-18 years, sexual activity that took place within romantic relationships predicted lower levels of delinquent behaviour, both cross-sectionally and longitudinally, whereas sexual activity that took place in non-romantic relationships predicted higher levels of delinquent behaviour (Harden & Mendle). These findings add to the nascent body of research which suggests that the relationship between adolescent sexual activity and psychosocial problems may be moderated by social and environmental factors.

Sexual Literacy and Sources of Sex Information

Adolescents receive information about sex from a variety of sources, including parents, siblings, teachers, peers, books, magazines, television, movies and the internet. Unfortunately, many of the sexual messages that teenagers are inundated with contain misinformation (Reinisch, 1990). For example, Hechinger (1992) found that 12 % of the more than 8000 students who were surveyed

believed that oral contraceptives protect against HIV transmission, and 23 % believed that they could determine whether a potential sexual partner had HIV/AIDS simply by looking at them. Recent research indicates that adolescents most frequently consult their friends, teachers, mothers and the media to obtain information about sexuality (Bleakley et al., 2009). This study also found that adolescents who learned about sex from their parents, grandparents and religious leaders tended to hold beliefs associated with delaying intercourse. Conversely, adolescents who primarily learned about sex from their friends, cousins and the media held beliefs associated with engaging in sexual intercourse earlier.

Open and honest communication about sex between parents and adolescents is important. Research indicates that adolescents who feel comfortable talking about sex with their parents are less likely to engage in sexual activity (Chia-Chen & Thompson, 2007). Additionally, adolescent females who feel comfortable talking about sex with their parents are more likely to use oral contraception (Fisher, 1987) and college aged females who communicate about sex with their mothers are more likely to hold positive attitudes towards condoms and to feel more confident using them (Lefkowitz & Espinoa-Hernadez, 2006). Unfortunately, most parents are uncomfortable discussing sex with their adolescent children and that most adolescents feel uncomfortable talking to their parents about sex as well (Guilamo-Ramos et al., 2008). One study found that only 24% of mothers and 6% of fathers have ever discussed sexual desire with their daughters (Feldman & Rosenthal, 1999). This fits with the finding that adolescents would rather discuss sex with mothers as opposed to their fathers

(Kirkland, Rosenthal, &, 2002). Additionally, female adolescents tend to talk about sex with their mothers more often than male adolescents (Feldman & Rosenthal, 2002).

Sexual Minority Identity Development

The idea that sexual minority (gay, lesbian and bisexual) individuals experience same-sex proclivities beginning in early childhood and avoid romantic or sexual relationships with the opposite sex throughout adolescence until they eventually realize that they are homosexual or bisexual is characteristic of the developmental pathway of some, but certainly not all, individuals (Diamond & Savin-Williams, 2009; Savin-Williams, 2006). Research indicates that many individuals report having no memory of previous same-sex attraction, but instead experience sudden and unexpected same-sex proclivities during later adolescence (Savin-Williams, 2001). The majority of adolescents who are attracted to individuals of the same sex tend to also experience some degree of attraction to the opposite sex as well (Garofalo et al., 1999). There is also diversity in terms of whether individuals are emotionally or physically attracted to the same sex (Savin-Williams; Savin-Williams & Ream, 2007). In some cases sexual minority youth report that their attraction to the same-sex is primarily physically based and that they do not experience love or romantic feelings for these individuals (Diamond & Savin-Williams).

Carrion and Lock (1997) developed a comprehensive eight step developmental stage model that also incorporates biological and psychological processes in response to previous theories that were primarily cognitive or

behaviourally based. This model begins with Stage 1, internal discovery of sexual orientation, then moves from these internal processes to external disclosures of sexual orientation and ends, hopefully, with Step 8, integrated self-identity within a social context (Carrion & Lock; Mosher, 2001).

In stage 1, internal discovery of the sexual orientation, Carrion and Lock (1997) propose that an individual will respond in one of four ways when they first realize that they may be attracted to the same or both sexes. Bewilderment is perceived as the healthiest and therefore potentially the most ideal reaction. An individual who reacts with bewilderment is curious about and receptive to the possibility of being a sexual minority and does not feel threatened by this discovery. Alternatively, an individual who reacts with shame perceives his or her same-sex proclivities as wrong and different. These individuals fear that they will experience rejection and abandonment if others find out that they are different. Individuals may also minimize the importance of their same-sex attraction, choosing to view these feelings fleeting or temporary. These individuals do not usually identify themselves as homosexual, but may entertain the possibility of being bisexual. Finally, an individual may defend him/herself by denying any feelings of same-sex attraction as the internal conflict that results from such feelings is too hard to deal with.

Carrion and Lock (1997) believe that regardless of how an individual reacts in the first stage, they will eventually have to deal with Stage 2: Inner exploration of attraction to sexual object. The way that an individual moves through this second stage is largely dependent on how they reacted in Stage 1

(Mosher, 2001). Individuals who responded with bewilderment will begin to accept and internalize their sexual orientation as they realize that it is simply another part of who they are. Those who initially responded with shame will experience increased discomfort as they are forced to deal with their continued feelings of attraction towards the same-sex, which they believe are wrong and bad. These individuals often become demoralized and experience low self-esteem as they internalize these feelings of being wrong and bad. If one is unable to deny his or her attraction to the same-sex, an internal conflict between the desire to be heterosexual and the reality of being attracted to the same sex develops. This inner discord can result in an individual choosing to either accept or continue to reject his or her sexual orientation. This tends to be an incredibly stressful experience especially because there is often little external support. Individuals who have attempted to diminish the importance of their same-sex attraction may also struggle with their sexual orientation especially when they find themselves continuing to be sexually aroused by members of the same sex. These individuals may either continue to minimize their feelings, which tends to lead to dysfunctional interpersonal relationships, or engage in same-sex sexual activities, but continue to identify themselves as heterosexual (Carrion & Lock).

The third stage, early acceptance of an integrated sexual self, can only take place after one has accepted his or her sexual orientation (Carrion & Lock, 1997). At this stage, individuals beings to integrate their sex orientation into their identity, accepting it as a part of themselves. Then in Stage 4, congruence probing, an individual will begin to explore the congruence between same-sex

proclivities and self-identity by engaging in sexual behaviour. This exploration will introduce this individual to other homosexual people, which can bolster one's sense of self-acceptance and provide opportunities for healthy and supportive interpersonal relationships. This sense of support and belonging help the individual to reach the fifth stage, further acceptance of an integrated sexual self. Stage 5 is characterized as the "coming out" phase. Individuals begin to disclose their sexual orientation to others and the likelihood that one will regress to an earlier stage is unlikely. However, it is possible that others may react negatively to an individual's admission of same-sex attraction (Carrion & Lock). This underscores the importance of attaining the prior 4 stages; Lock and Kleis (1996) believe that individuals must have an integrated self-identity and the support of significant interpersonal relationships in order to have a positive experience "coming out".

The final three stages, self-esteem consolidation, mature formation of an integrated self-identity, and integrated self-identity within a social context, involve an individual taking control of how they are perceived by informing others of their sexual orientation and not allowing any opposing perceptions from others affect their self-esteem or identity (Carrion & Lock, 1997; Mosher, 2001). As an individual comes to fully accept their sexual orientation as a part of his or her identity, pride and comfort with oneself develop and strengthen. At this point these individuals no longer allow the thoughts of feelings of others to dictate how they feel about themselves. Individuals who achieve a mature and well-established sense of self are able to enrich society by helping people to better

understand those who are or will be struggling to understand and come to terms with their sexual orientation. This, in turn, supports and strengthens the continued growth of an individual's integrated identity (Carrion & Lock; Mosher).

It is impressive that despite the many factors making it difficult to develop healthy, positive or even realistic views of sex, many individuals are able to reach adulthood with any level of adequate sexual adjustment. The desire to engage in sexual activity combined with the universal human need to feel love and acceptance, are often sufficiently powerful to overcome and slowly erode one's learned inhibitions and conditioned feelings of guilt and shame regarding sexual behaviour. The idea that one person is interested in and willing to engage in sexual activity with another is viewed as evidence that one is attractive, desirable and potentially loveable – factors which are closely linked to one's confidence, happiness and self-worth.

Risky Sexual Behaviour

Researchers have been inconsistent in their definitions of risky sexual behaviour. Part of this discrepancy is due to the lack of a clear definition of what behaviour or behaviour(s) constitute "sex". In studies involving heterosexual participants, sex is most frequently defined as penile-vaginal intercourse (Blinn-Pike, Berger, Hewett, & Oleson, 2004; Donnelly et al., 1999; Keller, Duerst, & Zimmerman, 1996; Loewenson, Ireland, & Resnick, 2004; Oman, Vesely, Kegler, McLeroy, & Aspy, 2003; Ott et al., 2006; Paul, Fitzjohn, Ebert-Phillips, Herbison, & Dickson, 2000; Rasberry & Goodson, 2007); very few researchers have included anal and/or oral sex in their definitions (Bogart, Collins, Ellickson, &

Klein, 2007; Horan et al., 1998; Lefkowitz, Gillen, & Shearer, 2004). A series of studies that involved asked Canadian, Australia, American and British University students to define "sex" also revealed a lack of consensus (Pitts & Rahman, 2001; Randall & Byers, 2003; Richter & Song, 1999; Sanders & Reinisch, 1999). While more than 94% of participants across the four studies defined penile-vaginal intercourse as sex, only 70-90% included penile-anal intercourse in their definitions of sex and even fewer, 20-58%, characterized cunnilingus, fellatio or analingus as sex.

This lack of common understanding of what constitutes sex is problematic when viewed through the lens of the potential impact this may have on what individuals perceive as risky sex. For example, if neither anal-vaginal nor oral-genital behaviours are included in one's definition of sex, it is possible that an individual may not be cognizant of the inherent risk of engaging in either behaviour without appropriate protection. This is particularly worrisome given that unprotected anal intercourse is considered the most efficient method of HIV transmission (Kelly & Kalichman, 2002).

Risky Sexual Behaviour Defined

In the literature, risky sex is most commonly defined as any behaviour that could result in unintended pregnancy or the transmission of a sexually transmitted infection (Patel, Yoskowitz, & Kaufman, 2007; Schroder, Johnson, & Wiebe, 2009; Turchik, Garske, Probst, & Irvin. 2010). For example Cooper et al. (1998) defined risky sexual behaviours as "those [behaviours] that increase the probability of exposure to negative outcomes, such as STDs [sic] and unplanned

pregnancies, and include having multiple partners (e.g., "one-night stands"), or high-risk partners (e.g., IV drug users); failing to take preventative actions (i.e., nonuse of birth control and condoms); and having more frequent intercourse" (p. 1536). Other researchers, such as Brook, Morojele, Zhang and Brook (2006) and Spitalnick et al. (2007) based their definition of risky sexual behaviour on the number of sexual partners, frequency of sexual intercourse, substance use during intercourse and frequency of condom use.

Unfortunately, the majority of the self-report instruments used to measure sexual risk-taking behaviour lack adequate psychometric support (George, Zawacki, Simoni, Stephens, & Lindgren, 2005), in part because many were created for use in only one study or were tailored for use with a specific high-risk population, such as homosexual men (Bancroft et al., 2003). Recently, Turchik and Garske (2009) established the validity and reliability of the Sexual Risk Survey, which is a comprehensive measure of sexual risk taking among undergraduate students. This measure thoroughly assessed the participants' sexual histories and was comprised of questions regarding the overall number of sexual partners, frequency unprotected vaginal, anal and oral sex – given or received, and number of unknown, casual and/or high-risk, i.e., intravenous drug users, partners. Questions designed to identify individuals who may be at risk for future unsafe sexual behaviour, such as individuals who had not yet engaged in sexual behaviours that could lead to STI transmission or unplanned pregnancy, but may in the future if the opportunity arose, i.e., petting, kissing or fondling a previously unknown partner, were also included.

A limitation of the Sexual Risk Survey (Turchik & Garske, 2009), that is inherent in many studies that rely on a biomedically based definition of risky sex (Bourne & Robson, 2009), is that it fails to capture the meaning that individuals ascribe to their behaviour; for example, whether the individuals themselves consider their behaviour risky, and how they understand or explain their behaviour if they do view it as risky. Bourne and Robson interviewed 22 individuals, consisting of men who have sex with men, men who have sex with women, women who have sex with men, and women who have sex with women, with the intention of learning how they understood their experiences with safe versus unsafe sexual behaviour. While many participants did mention concerns about disease avoidance, it was often in reference their primary overarching concern: whether or not they felt emotionally or psychologically safe with their respective partner(s). This provides evidence for the theory that an individual's definition or perfection of risky sex, especially with regards to their own behaviour, extends beyond concerns about unintended pregnancy and STIs.

As one of the purposes of this study was to gain insight into the participants' conceptualizations of risky sex, a comprehensive a priori definition of risky sexual behaviour was not determined. The individuals who volunteered to participate were told that they would need to have had at least one risky sexual experience, but were not provided with criteria as to what this risky sexual experience needed to include or entail.

General Risk Factors for Risky Sexual Behaviour

Social Norms. While many adolescents are aware that the best way to protect themselves from HIV/AIDS and other STIs is through using condoms, the social stigmas associated with condoms provide barriers to their use (Zwane et al., 2004). One of the factors that can either promote or hinder behaviour change is a social norm (Zwane, 2000), defined as the perceptions and beliefs of those that influence the individual. Evidence for the effect of peer pressure and the response to a perceived social norm was found in Keller, Duerst and Zimmeran's (1996) study, which indicated that high school students whose friends consistently engaged in unprotected sex were three times more likely than their peers to also engage in unprotected sex.

Adolescent Egocentrism. David Elkin's (1976) theory of adolescent egocentrism has been used by some developmental theorists to explain why adolescents sometimes in reckless behaviour, i.e., risky sexual behaviour (Dolcini et al., 1989; Santrock, 2010). Specifically, research has found relationships between the personal fable, the idea that adolescents perceive themselves as unique and invincible (Santrock), and smoking cigarettes, consuming alcohol and drug use (Aalsma, Lapsley, & Flannery, 2006). While Arnett (1990) did find a correlation between adolescent egocentrism and the belief that one could become pregnant from engaging in unprotected intercourse in older female adolescents, there is very little recent research indicating a link between adolescent egocentrism and risky sex. For example, Moore and Rosenthal (1991) found that the adolescents who perceived themselves to be at the lowest risk for AIDS

actually engaged in fewer safe sex practices. This study also identified a faction of adolescents who were collectively referred to as the "risk and be damned" (Moore & Rosenthal, 1991) group; these individuals perceived themselves as being at high risk for HIV/AIDS, yet continued to engage in unsafe sex. This finding fits with recent research which has begun to question that accuracy of the belief that adolescents perceive themselves as invincible (de Bruin, Parker, & Fischhoff, 2007); in fact, some studies have found that adolescents are actually more likely to believe that they are at risk for dying prematurely as opposed to seeing themselves as invincible (Jamieson & Romer, 2008; Reyna & Rivers, 2008).

Attitudes, Beliefs and Perceptions. Research indicates that there is a relationship between an individual's perceptions of and attitudes towards condoms and the frequency of their use (Boone & Lefkowitz, 2004; Meekers et al., 2005). Meekers et al., found that an individual's decision to use a condom most often depended on the perceived effectiveness of condoms in preventing pregnancy, access to condoms, parental support for condom use and individual patterns of risky sexual behaviour. Males were more likely to use a condom with a regular partner if they perceived them as highly effective in preventing pregnancy, whereas females reported being more likely to use a condom when they felt confident in their knowledge and ability to do so. Among those with casual partners, males' likelihood of using a condom increased significantly if they believed they were at high risk of contracting an STI, if they perceived

condoms as effective pregnancy prevention agents, if condoms were easily accessible and if they believed that their parents supported condom use.

These findings fit with an earlier study by Boone and Lefkowitz (2004) which found that older adolescents who held positive views about condoms reported high levels of lifetime condom use. In particular, individuals who did not view condoms as an impediment to sexual satisfaction were also more likely to use condoms. This study also found that self-efficacy, defined as confidence in acquiring, talking about and using condoms, was associated with increased condom use among females, but not males. Males who perceived themselves as being at a high risk for HIV/AIDS were also more likely to use condoms; there was no relationship between fear of HIV/AIDS and condom use for females.

In a study that explored the relationship between attitudes and casual sex amongst older adolescents, Levinson et al. (1995) found that possessing a positive attitude towards casual sex is more predictive of this type of sexual behaviour in females than in males. This study also found that individuals were more likely to engage in casual sex if they highly valued the physical pleasure associated with it. Religious individuals tended to harbour more negative attitudes towards casual sex than their less religious counterparts and for both men and women the belief that engaging in sex would lead to increased popularity with men was significantly related to an individual's attitude toward casual sex. This research also indicated that women who believe that casual sex will reduce loneliness are more likely to have a positive attitude towards it.

Communication. Discussing safe sex with one's partner prior to engaging in intercourse appears to be one of the most significant predictors of whether or not a condom will be used during intercourse (Abraham, Sheeran & Norman, 1999; Gebhardt, et al., 2004; Gebhardt, Kuyper & Dusseldorp, 2006; Sheeran et al., 1999). Sheeran et al. conducted a meta-analysis which compared communication to a variety of other psychosocial determinants including perceived susceptibility to STIs, attitudes towards condom use and level of condom use self-efficacy. Communication about condoms, defined as either discussing condom use with one's sexual partner or the agreement between partners to use a condom, was found to have the largest effect size on condom use. Similarly, Gebhardt et al. determined that an individual's decision to discuss condom use with their partner prior to intercourse led to an increased rate of condom use for all participants. Unfortunately, research indicates that young adults rarely discuss condoms prior to having intercourse, which may be one of the reasons that there is such a high incidence of unprotected sex (Lear, 1995).

Self-Esteem. A number of theorists have proposed explanations for the purported link between low self-esteem in adolescence and risky behaviour. Self-esteem is broadly defined as an individual's perception of him or herself and includes one's evaluation of his or her self-worth (Coopersmith, 1967; Rosenberg, 1979). Kaplan (1975) suggests that adolescents who feel rejected by the members of groups who adhere to conventional and socially appropriate norms may seek support from other sources, such as their deviant peers. In order to gain or maintain acceptance with these delinquent groups, these adolescents may engage

in the risky behaviours that these groups value, especially as they experienced rejection when engaging in safer behaviours previously (Jang & Thornberry, 1998). McGee and Williams (2000) also suggest that individuals with low self-esteem are particularly susceptible to peer pressure. Other researchers argue that individuals with low self-esteem engage in risky behaviours in an attempt to deal with or avoid the upsetting thoughts and feelings that often accompany low self-esteem (Baumeister, 1990; Jessor, Van den Bos, Vanderryn, Costa, & Turbin, 1995). Koval and Pederson (1999) suggest that people with low self-worth turn to risky behaviour specifically, because they do not believe that they have any other way to alleviate their negative feelings.

As individuals progress through adolescence, they must cope with various physical changes and hormonal fluctuations as they strive to develop a stable sense of self (Robinson, Holmbeck, & Paikoff, 2007). In response to fluctuations in self-concept, adolescents may use a number of methods, such as engaging in sexual activity, to gain the approval and acceptance of others as a means of increasing their sense of self (Robinson et al.; Taylor-Seehafer & Rew, 2000). An individual's self-concept also effects the development of his or her sexuality and sense of self-efficacy in sexual decision-making (Taylor-Seehafer & Rew, 2000). Research suggests that adolescent females desire love and acceptance from both the same and opposite sex peers, while males tend to strive to be perceived as independent (Gullotta et al., 2000; Orenstein, 1994). This is important as if an adolescent girl perceives engaging in sexual intercourse as a means of evidence of her desirability and of her partner's love and acceptance, she may be more likely

to acquiesce to peer pressure and sexual manipulation (Robinson et al., 2007). Additionally, young women tend to have less favourable evaluations of their appearance than their male counterparts (Attie et al., 1990; Gullotta et al., 2000). When combined with research which indicates that women who perceive their appearance less positively are more likely to engage in unprotected sex and report a higher number of lifetime sexual partners (Gillen et al., 2006), it becomes clear that self-esteem and body image should be considered as potential risk factors for unsafe sexual behaviour in adolescent girls. Alternatively, males who reported favourable perceptions of their appearance also reported the highest number of sexual partners and engaged in unprotected sex more frequently (Gillen et al.).

Gillen et al. (2006) propose that women with higher body confidence feel more confident insisting that a condom is used during intercourse. Given that Carter et al. (1999) found that men are more likely to persuade women to engage in unprotected sex than women are to persuade men to engage in unprotected sex, women with negative body image or low self-confidence are potentially particularly vulnerable to men who want to have unprotected sex.

Research investigating the possible link between self-esteem and sexual risk taking behaviour, in particular, is inconclusive. While several recent studies support the possibility of a relationship between self-esteem and risky sexual behaviour in specific groups, such as individuals in a drug-treatment program (Lejuez et al., 2004), men living in a rural area (Preston et al., 2004) and adolescents in Peru (Magnani et al., 2001), and South Africa (Wild et al., 2004),

there are also studies that have failed to find a connection (i.e., Neumark-Sztainer, Story, French & Resnick, 1997; West & Sweeting, 1997)

Boden and Horwood (2006) suggest that a major limitation in the literature on the relationship between self-esteem and risky sexual behaviour is that many studies have failed to consider the possibility that self-esteem and risky sexual behaviour may have common or similar antecedents. This theory was supported by the results of their longitudinal study of adolescents in New Zealand. This study found that individuals who had low self-esteem when they were 15 years old were more likely to engage in risky sexual behaviour during the next 10 years, but that this relationship was cofounded by a number of social and contextual factors. When socioeconomic status, family functioning, child abuse and individual personality and behavioural characteristics were accounted for, the relationship between self-esteem and risky sexual behaviour dropped below statistically significant levels. The researchers concluded that this study provides evidence for the theory that risky sexual behaviour and low self-esteem are the result of analogous psychosocial and environmental factors.

Robinson, Holmbeck and Paikoff (2007) investigated the relationship between self-esteem and risky sexual behaviour from a slightly different angle. The purpose of their study was to determine whether individuals who have sex in hopes of bolstering their self-esteem are more likely to engage in high-risk sexual behaviours. This study did find that there was a significant relationship between self-esteem enhancing motives for having sex and risky sexual behaviour; specifically, individuals who reported having sex boost their self-esteem also

reported more sexual partners and were less likely to use protection. Contrary to their hypothesis, the male respondents were more likely to endorse self-esteem enhancing motives for having sex than their female counterparts and those males who endorsed this motive also reported the highest number of sexual partners. The researchers concluded that perhaps adolescents who are motivated to engage in sexual activity to increase their self-esteem perceive increased self-esteem as more important than personal health and safety (Robinson, Holmbeck, & Paikoff).

It is interesting to compare the results of this recent study to those of an older study which also investigated adolescents' motivations for engaging in risky sexual behaviour. Cooper (1998) found that individuals who engage in sexual intercourse as a coping mechanism (i.e., to regulate negative affect or to boost self-esteem) reported having sexual intercourse with multiple, poorly known, and high-risk partners, but maintained high levels of protective behaviours. The researcher posited that these results suggest that these individuals pursue casual sexual encounters in a somewhat calculated manner. Perhaps if the self-esteem enhancing motives were separated from the broader category of "coping" motives, this study may have also found lower rates of condom use among individuals who specifically endorse self-esteem motives as opposed to "coping" motives in general.

Embarrassment and Self-Presentation. In a study which used an open-ended interview style to find out why adolescents may not apply the knowledge about contraception that they learned in sexual education, Bell (2009) identified embarrassment and self-presentational concerns as two major factors that inhibit

both the use and acquisition of condoms in adolescents. While there are some slight variations in the precise way that embarrassment is defined across researchers and theorists, Miller's (1995) definition, "an aversive state of mortification, abashment, and chagrin that follows public social predicaments" (p. 322) provides a clear and simple conceptualization which contains the fundamental aspects that are common across most definitions. Self-presentation refers to the manner in which people may deliberately engage in certain activities and behaviours in an attempt to control others' perceptions of them (Goffman, 1959; Leary et al., 1999; Schlenker & Weigold, 1992). Bell explicates the close link that between embarrassment and self-presentation in the following statement: "Self-presentation emphasises the avoidance of potentially embarrassing situations which threaten reputation and status" (p. 381).

Research suggests that embarrassment is an especially important consideration for adolescents given the heightened sense of self-consciousness that characterizes this developmental period (Edelman, 1998; Elkind, 1967). While the possible relationship between embarrassment and risky sexual behaviour has not been as thoroughly researched as some other risk factors, the literature which does exist points to the importance of examining the affect that self-presentational concerns have on an individual's decision to use condoms (Hanna, 1989; Herold, 1981; Leary et al., 1999). It appears that individuals, especially adolescents, may not be comfortable obtaining contraception because they fear how this behaviour will impact others' image of them (Clinkscales & Gallo, 1977; Herold, 1981; Sorenson, 1973; Zabin, Stark, & Emerson, 1991).

Young women, in particular, associate the most embarrassment with obtaining condoms from a doctor or pharmacist because of the lack of anonymity and the perceived stigma associated with method of contraceptive (Herold; Hillier, Harrison, & Warr, 1998; Leary et al.). Bell (2004) found that some individuals prefer the privacy afforded by purchasing condoms from vending machines in public washrooms, as there will no one around to pass judgement on their behaviour. Fear of embarrassment and self-presentational concerns may be especially salient to adolescents living in rural areas and small towns where everyone knows everyone, rendering it particularly difficult to obtain contraception anonymously (Bell; Hillier et al.).

Self-presentational concerns also appear to affect individuals' decisions regarding whether or not to use condoms when the opportunity arises (Herold; Leary et al.). Research suggests that this is because individuals believe that others may perceive if one has a condom he or she may frequently engage in casual sex, have an STI and/or planned to have sex (Herold; Leary et al.; Lees, 1986). While there is unfortunately a dearth of recent research, an older study found that adolescents hold a negative view of individuals who plan to use contraception, as these individuals are perceived as being conniving (Kisher, 1985). Additionally, women may be hesitant to carry condoms as they fear being perceived as audacious and/or promiscuous (Abraham, Sheeran, Spears, & Abrams, 1992). While previous research has primarily focused on adolescents, Bell (2004) argues that these concerns are potentially just as relevant to adults as embarrassment is a highly unpleasant experience that most individuals want to avoid.

Erotophilia and Sensation Seeking. The Sexual Behaviour Sequence Model (Byrne, 1977, 1983; Fisher, 1986) purports that individuals learn how to respond to sexual cues as a result of being exposed to either sex and positive emotions or sex and negative emotions. According to this model, these repeated associations lead to ingrained attitudes towards sex which lie somewhere along an erotophobic-erotophilic continuum. Erotophobia is defined as a general negative reaction in response to sexual cues, while erotohpilia is described as a general positive reaction in response to sexual stimuli (Fisher, Byrne & White, 1983). Research indicates that erotophilia is associated with a higher rate of a number of risky sexual behaviours such as having multiple sexual partners and reporting a greater willingness to engage in sexual behaviours outside of a committed relationship (Lewis, Neighbors and Malheim, 2006). Similarly, sensation seeking, defined as one's preference for ''exciting, optimal, and novel levels of stimulation or arousal'' (Kalichman et al., 1994, p. 386) is also associated with increased rates of risky sexual behaviour in adolescents. Specifically, research has found that individuals who reported high levels of sexual sensation-seeking also reported high levels of a number of risky sexual behaviours, including high frequency of vaginal intercourse, more sexual partners and inconsistent condom use (Spitalnik et al., 2007).

Alcohol. The idea that alcohol and uninhibited sexual behaviour are causally linked is a widely held belief and has also been supported by research (Cooper, 2006; Lackie & De Man 1997; Leigh, 1999; Markos, 2005; Taylor, Fulop, & Green, 1999). Many people believe that drinking increases the

likelihood of an individual engaging in sexual activity, enhances sexual experiences and leads to riskier sexual behaviours. Most people also have the tendency to attribute their decision to engage in risky sexual behaviour to the fact that they were drinking (Cooper). Specifically, men report both drinking and engaging in risky sexual behaviour for predominantly pleasure, recreation and/or sensation-seeking reasons; this is likely in part because this behaviour is condoned and encouraged by peers as a sign of masculinity. Men perceive the combination of heavy drinking and promiscuity as especially exciting, which renders these events inextricably linked (Morojele et al., 2006). Research indicates that while these behaviours were sometimes sought out, they also occurred unplanned. This indicates that some individuals deliberately consume alcohol in order to facilitate sexual interaction (Anderson & Mathieu, 1996; Lear, 1995). Young, single women, on the other hand, report drinking at social gatherings and subsequently meeting and having intercourse with older men. In contrast to males, the majority of women report an aversion to engaging in sexual acts when under the influence of alcohol which often led to regret (Anderson & Mathieu; Lear). .

Researchers have proposed a number of theories that could be used to explain the relationship between alcohol consumption and risky sexual behaviour (Yvers, Cholakians, Puorro, & Sundram, 2011). For example, it is possible that a third variable, i.e., a certain personality characteristic, could cause an individual to consume large amounts of alcohol and to engage in risky sexual behaviour. Cooper, Wood, Orcutt and Albino (2003) found that individuals with low impulse control are more likely to participate in both behaviours, providing this theory

empirical backing. While a recent study found that alcohol consumption leads to increased interest in engaging in sexual activity in women (Norris, Stoner, Hessler, Zawacki, Davis, George, & Morrison, Parkhill, & Abdallah, 2009), there is little additional research support (Yvers, et al.). The alcohol expectancy theory posits that individuals are more likely to engage in risky sexual behaviour after consuming alcohol because of pervasively held perceptions about the ways in which an individual is expected to behave when he or she is intoxicated (Hull & Bond, 1986). This theory has been supported by a number of studies (.e., Dermen, Cooper, & Agocha, 1998; Murphy et al., 1998), suggesting that warning individuals that alcohol may lead to risky sexual behaviour may actually increase the possibility that they will do so as opposed to decrease the likelihood of this behaviour (Dermen, Cooper, & Agocha)

Finally, the alcohol myopia theory has received the most empirical support (Yvers et al., 2011). A number of studies have found that because alcohol tends to lead to individuals focussing on more immediate events such as the potential for sexual gratification and less on the potential impact that their behaviour may have in the future, i.e., STI transmission or pregnancy (Steele & Josephs, 1990), those who consume alcohol are more likely to engage in risky sexual behaviour (Coleman & Cater, 2005; Cooper & Orcutt, 1997; Cooper, 2006; Davis, Hendershot, George, & Heiman, 2007; MacDonald et al., 2000; Maisto, Carey, Carey, Gordon, Schum, & Lynch, 2004).

Romantic Love and Condom Use. A study by Rosenthal, Gifford and Moore (1998) found that the emotions and behaviours associated with romantic

love are often confounded with condom use. While women primarily reported associating sexual activity with love and romance, males asserted that they conceptualize sex as occurring independently of love and romance as well. This study found that women were willing to engage in unprotected sex because of the perceived threat that condom use poses to the development of a potentially loving partnership. Men admitted to using the promise of romance as a means of convincing women to engage in sexual activities and also disclosed a dislike of using condoms. A few male participants admitted to refusing condom use altogether, which likely put their female partners in the tough position of having to choose between engaging in unprotected sex or potentially jeopardizing a romantic relationship. This suggests that women tend to value romantic relationships over risk reduction.

Because condoms are associated with casual sex and infidelity (Baylies, 2001; Kirkman, Rosenthal & Smith, 1998), condom use can imply mistrust in a romantic relationship. Given that trust is viewed as the basis of healthy and loving relationships, it is believed that women may be reluctant to discuss their partner's previous sexual experiences and condom use for fear that their partner may view them as mistrustful (East, Jackson, O'Brien & Peters, 2007). This is especially disturbing given the finding that, on average, women consider a relationship to be serious after only 21 days (Fortenberry, Tu, Harezlak, Katz & Orr, 2002). This suggests that unsafe sex in relationships may commence after less than a month of dating. On a more positive note, research also indicates that

individuals who believe that closeness is an integral part of all relationships show a decreased likelihood for engaging in casual sex (Huebner and Howell, 2003).

Safer Sex Interventions. In an effort to increase rates of condom use and to decrease other types of risky sexual behaviour, a number of individuals have endeavoured to create effective safer sex interventions. Levinson et al. (1995) suggest that one possible explanation for the limited success of safer sex interventions may be the result of an over-reliance on a "disease" model of risky sexual behaviour. Supporters of this model hold that beliefs, attitudes and motivations specific to health protection and disease avoidance are the primary determinants in both safe and risky sexual behaviour. Levinson et al. believe that this model is very limited as it overlooks the fact that sexual behaviours serve a variety of psychological as well as physical functions that have little to do with maintaining good health or avoiding a disease.

One example of an ineffective safer sex intervention was a six month social marketing campaign which attempted to raise awareness of, change attitudes towards and increase the use of condoms in 15-25 year old women (Bull et al., 2008). Over 3000 women in 12 randomly selected western US neighbourhoods were given pre- and post-campaign surveys on condom knowledge, attitudes and use. Six of the 12 neighbourhoods were exposed to a social marketing campaign that was design to impact condom knowledge, attitudes and use (the experimental group), while the other 6 neighbourhoods made up the control group. This study found no differences between the control and experimental groups in terms of attitudes, awareness and condom use, nor did

it find a significant change in the experimental group pre- and post-campaign. While these results suggest that social marketing campaigns are ineffective vehicles through which to induce attitude and behaviour change, it is possible that a different medium could have been more effective. This study used print media which was displayed in a variety of different venues in the respective neighbourhoods. Perhaps, while more expensive, a television or radio advertisement campaign would have proven more effective.

The results of a study conducted by LaBrie, Pedersen, Thompson and Earleywine (2008) provide evidence for the effectiveness of interventions that weigh the reasons for and against behaviours as a way of facilitating behaviour change. Specifically, this research examined whether the decision balance safer-sex intervention, which is an element of Motivational Interviewing (Miller & Rollnick, 2002), would increase condom use in high-risk, college-aged, heterosexual men. The decisional balance intervention involved participants generating lists of their own personal reasons both for and against using a condom every time they engage in sexual intercourse. Each participant was also asked to rate each reason on its importance to him. After creating these lists, a facilitator led each participant in a discussion about his or her highest rated reason for condom use and why it was so important. This study found that condom use had increased by almost 30% when participants were re-interviewed 30 days following the intervention. Further research is needed to determine how enduring the effects of this decisional balance intervention are, as well as to determine whether this intervention is as efficacious for females.

A primary shortcoming of most education and discussion aimed at preventing adolescent risky sexual behaviour, is the assumption that adolescents have the cognitive ability to engage in complex problem solving (Santrock, 2011). Young adolescents tend to be idealistic and often believe that negative consequences will or cannot befall them (Elkind, 1976). As such, providing adolescents with information about contraception is insufficient (Santrock). It appears that it is more important to help adolescents to accept their fallibility and sexuality. In order for them to see the importance of using protection, they must believe that they are in fact vulnerable to STIs and pregnancy. Adolescents 16 years and older have often developed the ability to think about the potential consequences of their behaviour, to evaluate the probability that a given outcome will occur and to then decide whether the potential future risks outweigh the potential benefits in the present (Santrock). Even individuals who have these cognitive abilities may not always use them. It is harder for adolescents to access these newly developed analytical processes when they are in emotionally intense situations, such as feeling sexually aroused or experiencing pressure from a partner (Santrock).

Motivation and Risky Sexual Behaviour. One issue that has come to the attention of researchers recently is motivation and its link to risky sexual behaviour. Ozer et al. (2003) conducted face to face interviews with 145 African-American adolescents in an attempt to determine what motivates individuals to have sex. Females in the sample endorsed two main reasons for deciding to engage in sexual intercourse: “Having a boyfriend you love” (80%), and “feels

good/satisfy sexual desires" (82%). No females endorsed items related to social or economic pressures ("so boyfriend wouldn't break up with you", "to be more popular", "to get food, money, drugs or a place to stay", or "because your friends are having sex"). Somewhat surprisingly, only two females (3.6%) endorsed "in order to feel more accepted/loved" as a reason that they have sex. Males also indicated that their motivations to engage in sexual intercourse were "sexual desire/feels good" (89%), followed by "having a girlfriend that they love" (66%). Unlike females, however, males also endorsed having sex in order to maintain or strengthen their sexual/romantic relationship ["so girlfriend wouldn't break up with you" (14%), "in order to feel more accepted/loved" (22%)]; for social reasons ["to be more popular" (23%), "because your friends are having sex" (10%)]; and for economic reasons ["to get food, money, drugs, or place to stay" (13%)]. There were significant gender differences for almost all reasons to have sex except for having sex because it feels good/satisfies sexual desire.

Individuals in this study were also shown to be motivated by a perceived sense of deficit, similar to how an individual may feel when experiencing hunger, thirst or desire for companionship, which sometimes accompanies lack of sexual intercourse. Adolescents motivated by this factor felt that not engaging in casual sex embodied a sense of deprivation and feeling of personal inadequacy. This study also found that for young women, the sense of physical relaxation that occurs following sexual intercourse and the perceived probability of unintended pregnancy are significant factors in their decision of whether or not to engage in casual sex. Young men were found to be motivated by the idea that they will gain

status within their peer group, while women hoped to increase their attractiveness and desirability to men. This study indicated that both men and women who view sex as a form of self-validation are more likely to endorse casual sex.

Cooper et al. (1998a) found that systematic individual differences exist in individuals' motivations for engaging in sexual behaviour. These differences are fairly stable over time, but depend in large part on an individual's interpersonal environment. This study was unique in that it did not assume that there is a common set of motivations that predict sexual risk-taking behaviour among individuals, but that there are, in fact, different reasons why people engage in sexual intercourse as well as different factors that promote and maintain individuals' participation in risky sexual behaviour. In a second study, Cooper et al. (1998b) developed and refined individual motivations for engaging in sex and risky sexual behaviour. The study found six primary factors: intimacy, enhancement, coping, self-affirmation, peer approval and partner approval. The link between motivation and sexual risk-taking behaviour is not well understood. Previous research has found that an individual's motives for engaging in sexual activities are a better predictor of risky sexual behaviour than individual attitudes and past behaviour (Cooper et al., 1998a; Cooper et al., 1998b), underscoring the importance of understanding other factors that may affect motives.

Cooper et al. (1998) suggest that sex satisfies a larger variety of needs and holds a wider range of meanings for men than it does for women. Contrary to popular belief and expectation, women as a group failed to report higher levels of intimacy motives than their male counterparts, but consistent with the study's

hypothesis, intimacy motives were endorsed more frequently while partner pressures were endorsed less frequently by older adolescents. This study also revealed that enhancement motives (appetitive self-focused incentives, including having sex to obtain physical or emotional pleasure and satisfaction) predicted risky and indiscriminate behaviours as well as negative outcomes associated with this risk-taking such as unplanned pregnancies and STI transmission. Individuals who are motivated by a desire to garner sexual gratification appear to be more concerned with the excitement and pleasure derived from an experience and may neglect to consider the possible risks that accompany such behaviour as risk-reducing strategies could potentially reduce spontaneity and enjoyment. On the contrary, intimacy motives predicted a reduction in risk-taking. Although they did predict more frequent intercourse and less condom use, these behaviours were most likely to occur within the context of an exclusive relationship in which they do not necessarily confer high risk. Individuals who engage in sexual intercourse as a coping mechanism (i.e., to regulate negative affect or to boost self-esteem) reported having sexual intercourse with multiple, poorly known, and high-risk partners, but maintained high levels of protective behaviours. It is believed that these individuals pursue casual sexual encounters in a somewhat calculated manner. This study found that engaging in sexual intercourse to please one's partners is strongly associated with increased rates of risky behaviour, such as reduced use of birth control. This suggests that individuals who are motivated to please their partners also have difficultly expressing their own opinions and desires.

Attachment and Women's Consensual Unwanted Sex. A growing body of research indicates that women (as well as men) engage in sexual activity for a number of reasons that are unrelated to sexual desire (Cooper et al., 1998; Impett & Peplau, 2002; Ozer et al., 2003; Rosenthal et al., 1998). Specifically, women sometimes chose to engage in sexual intercourse because they feel genuine desire and/or passion, but at other times they may do so in order to promote intimacy in their relationship, to avoid an argument or conflict, to acquire sexual experience, or because they fear that their partner will leave them if they do not (Impett & Peplau., 2002). Anxiously attached women report being more likely to consent to unwanted sex in hypothetical scenarios than their securely or avoidantly attached counterparts. Anxiously attached women also reported consenting to unwanted sex in hopes of avoiding conflict and/or as a way of attempting to keep their partner interested in the relationship. These findings are important as they extend beyond past research which has indicated that individuals high in attachment are overly sensitive to rejection (Schachner et al., 2004) and demonstrates how this fear of rejection can affect an individual's behaviour (Impett & Peplau, 2002).

Given that avoidantly attached individuals are characterized by a dislike of emotionally intimate interactions, one would expect that avoidantly attached women would be less willing to engage in unwanted sex, but research suggests that this is not the case (Impett & Peplau, 2002). That being said, there are some interesting and significant relationships between avoidant attachment and reported reasons for engaging in unwanted sex. Avoidantly attached women reported engaging in unwanted sex primarily for the following two reasons: "I felt

obligated because I had already engaged in sexual intercourse with my current partner" and "It was easier than saying no" (Impett & Peplau, 2002, p. 364). This suggests that avoidantly attached women are also engaging in unwanted sex in order to avoid conflict, but for reasons that are fundamentally different from anxiously attachment women. Anxiously attached women appear to be most concerned with pleasing their partners whereas avoidantly attached women are simply taking the path of least resistance, which could also be viewed as a form of avoidance. Instead of saying "no" and getting involved in a conflict with their partner, whom they are likely not very invested in given the characteristics of avoidant attachment, it seems that these women find it easier to simply concede to their partners' wishes.

Implications of Research

This literature review illustrates that researchers have investigated a wide array of variables in an attempt to understand why individuals engage in risky sexual behaviour. While a number of studies have uncovered a number of potential risk factors, associated behaviours and possible motivations, there is still a clear gap between these theoretical concepts and individuals' lived experiences. I believe that it is vital to attain a deep understanding of people's perceptions of and feelings regarding their behaviour before it can be altered. The recent research which has begun to discover the plethora of ways in which individuals' perceive and define their behaviour indicates that biomedically based prevention programs, which are ubiquitous in sexual education, are not as effective as hoped or intended because they are failing to address the psychological and emotional

aspects of sexual behaviour. The scarcity of information on individuals' personal experiences with risky sexual behaviour is an issue because unless parents, teachers, nurses, psychologists and other health care professionals can fully understand how individuals view their own behaviour, they cannot provide the guidance and support that is required to help people make safe and healthy choices. Thus, the purpose of the current study is to obtain an appreciation of participants' own personal experiences with risky sexual behaviour and to gain perspective on how they perceive their decision to engage in risky sexual behaviour.

CHAPTER THREE

METHOD

This chapter begins with a delineation of the basic theoretical and practical differences between quantitative and qualitative research methodology, which provides a foundation for the reader to understand the narrative analytical framework in which this study was designed and conducted. Following an explanation of narrative analysis, a comprehensive account of participant recruitment and selection, data collection and analysis procedures, ethical considerations and metholodogical concerns will be addressed.

Selection of a Research Design

Quantitative Inquiry

In the past, many researchers have taken a quantitative, specifically postpositivist approach to studying risky sexual behaviour. This well-established form of research developed in response to the positivist philosophy, challenging the belief that we can make definitive claims regarding the causes of human behaviour (Philips & Burbules, 2000). Quantitative researchers are primarily interested in researching and identifying the causes which may determine or influence a particular outcome or effect (Cohen, Manion, & Morrison, 2011; Creswell, 2009). Researchers who adhere to this philosophy use numeric measures of observation to carefully and objectively measure individuals' behaviour (Creswell). They believe that the world is governed by a number of testable and verifiable principles which must be reduced into a discrete set of ideas or variables, such as hypothesis and research questions, so they can be tested and refined (Cohen, Manion, & Morrison; Creswell). Through this process,

researchers endeavour to use objective methods to collect data which may either support or refute a proposed hypothesis and use this information to inform future theories and research questions (Cohen, Manion, & Morrison; Creswell; Philips & Burbules).

While quantitative research has produced some meaningful data, it often fails to truly capture the meaning that individuals have ascribed to their experiences (Cohen, Manion, & Morrison, 2011). The social constructivist worldview, which is typically viewed as a qualitative research approach, is characterized by the assumption that individuals acquire subjective perceptions of their experiences as they seek to understand the world they live in (Cohen, Manion, & Morrison; Creswell, 2009; Schwandt, 2007). People develop complex, interrelated views regarding any given idea or situation and it is the goal of the researcher to attempt to capture as much of participants' perspectives as possible (Cohen, Manion, & Morrison; Crotty, 1998). The researcher often interacts directly with the participants, posing broad, general and open-ended questions which are intended to provide them with the space to construct and communicate their own meaning and interpretations (Beck, 1979; Creswell; Gonzales et al., 2008). Social constructivists believe that individuals' interpretations develop through interactions with others and negotiations with the social norms, cultural expectations and historical customs that are inherent in their environments (Cohen, Manion, & Morisson; Creswell; Crotty).

Qualitative Research

While quantitative research often begins with a theory and is primarily deductive, qualitative researchers strive to attain an understanding of the experiences of others (Cohen, Manion, & Morrison, 2011; Creswell, 2009). They use the information provided by the participants to inductively generate a theory or pattern of understanding. Qualitative researchers hold an integral role in the data collection process. While a predetermined protocol may guide the process, the researchers themselves are directly interacting with and/or observing participants (Cohen, Manion, & Morisson). As the qualitative inquirer typically engages in deep and potentially intense experiences with his or her participants, there are a number of strategic, ethical and personal issues that are important to consider (Cohen, Manion, & Morisson; Creswell). Researchers recognize that these variables may influences their interpretations and respond by explicitly identifying any biases, values and personal experiences and history that may affect their interpretations (Hammersly & Atkinson, 1983; Preissle, 2006).

Narrative Analysis. Interest in narrative analysis, sometimes also referred to and used interchangeably with the terms "narrative inquiry", as a research approach grew in part from a desire to move away from positivist and empirical methods of inquiry (Creswell, 2009) as well as in response to a number of social developments, including a growing interest in memoirs and biography and the quest for liberation sought by a number of previously marginalized groups, i.e., women, gay and lesbian individuals, and persons of colour (Chase, 2005; Ellis, 2004; Hyden & Overlien, 2005; Mishler, 1999; Overlien & Hyden, 2003,

Plummer, 1995). Narrative analysis is often referred to as an "umbrella term" as it includes a wide range of related approaches (Mishler). The term "personal narrative" is also considered quite ambiguous as it varies across theories, studies, and individual researchers (i.e., Mishler; Riessman, 1993). Hyden & Overlien believe that the expression can best be characterized as referring to prose which centers on and is organized around significant events in an individual's life. Narrative "data" is most commonly gathered through a specific type of interview process which provides space for the interviewee to speak uninterrupted for long periods of time; the interviewee is invited to provide his or her account of a previous event or events such that the interviewer can obtain an understanding of what happened from the perspective of the interviewee as well as what said occurrence(s) meant to the him or her (Hyden & Overlien; Mishler, 1986).

Polkinghorne's (1995) distinction between narrative inquiry/analysis and the analysis of narratives helps to illuminate the two primary types of narrative research. Narrative analysis typically begins with the solicitation and collection of individuals' accounts of events or experiences, which are then organized into comprehensive and coherent chronologies or stories. The analysis of narratives takes this research one step further as it seeks to uncover themes, subjects or topics that are present across a number of narrative accounts, often of the same or similar events or experiences. I chose to perform what Polkinghorne (1995) refers to as the "analysis of narratives" (p. 12) because I wanted to obtain a rich and thorough understanding of how participants viewed their experiences with risky sexual behaviour and how those experiences fit within the context of their lives.

People story their lives as a way of understanding them and explaining their behaviour. I felt that boiling their experiences down to a simplistic, reductionist phenomenon would not be a true full representation of what the experience meant to them. Risky sexual behaviour does not occur in a vacuum; sexuality is such an integral part of someone's life and the way that they behave with regard to exercising their sexuality is inextricably linked to how they view themselves and other parts of their lives.

Narrative theorists assert that stories, one of the initial forms of communication human beings encounter, provide an essential method for conferring meaning to lived experiences (Hyden & Overlien, 2005). Individuals, nations, scientists, governments, professionals, social, ethnic and racial groups all construct distinct narrative accounts of the past which help to shape their world, their perception of themselves and their perceptions of others (Overlien & Hyden, 2003; Plummer, 1995). These diverse tales share a common structure; in each, certain significant events and/or experiences are selected, purposefully assembled and disseminated to an intended audience (Moen, 2006).

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invited to provide his or her account of a previous event or events such that the interviewer can obtain a complete understanding of what happened from the perspective of the interviewee as well as what said occurrence(s) meant to the him or her (Hyden & Overlien; Mishler, 1986).

While conducting research with women regarding their relationships with their sisters, Tannen (2008) began to observe some specific narrative patterns in the women's responses. Based on her observations, Tannen proposed a system of narrative which can be used to organize and understand the stories that my participants shared. Tannen's analytic structure is three-tiered and includes the following concepts: Master Narrative, big-N Narrative and small-n narrative. The highest level, Master Narrative, consists of the culturally-entrenched norms and values which the members of a given culture accept as truth. Tannen believes that although these specific assumptions are not explicitly stated they nevertheless have a profound impact on what interviewees choose to share. For example, when interviewing women about their sisters, Tannen observed that the women quickly and frequently talked about "whether or not, and how and why, they are close to their sisters, and whether and how they and their sisters are similar or different" (p. 227). Tannen suggests that this provides evidence of a Master Narratives regarding the relationship between sisters in North American culture; it is assumed that they will be close and similar.

The additional levels included in Tannen's (2008) model, big-N Narrative and small-n narrative, are based in large part on Gee's (1999) conceptualization of big-D versus small-d discourse. Tannen employs the term small n-narrative to

refer to the specific events and experiences that interviewees share that together constitute their "story". For example, in her research, the women shared descriptions of previous interactions with their sisters and events in which both the interviewee and her sister were involved. Finally, big-N Narrative is used to identify the overarching themes that characterize an individual's narrative. The speaker uses small-n narratives to support these predominant big-N Narrative themes. In Tannen's research, the women typically shared stories that illustrated how close or distant, respectively, they were to or from their sister(s), as well as how similar or different they are.

Tannen's (2008) three-level structure fits well with my participants' experiences with risky sexual behaviour as there are a variety of both explicit and latent understandings of sex and sexuality in North American culture. I believe that it is both helpful and important to discuss and include the idea of Master Narratives in the analysis, as each participant had a slightly different conceptualization of what made their behaviour "inappropriate" or "risky". There were also a number of social norms that were alluded to, as well as statements the participants made which reflected underlying assumptions about what constitutes "appropriate" behaviour, suggesting that they had internalized that particular rule or standard of behaviour.

Alignment between Purpose, Design and Methodology

While the primary purpose of this study is phenomenological in nature, the choice was made to base the research design and analysis on the principles of narrative inquiry and Polkinhorne's (1995) conceptualization of "analysis of

narratives" in order to obtain an in-depth understanding of how the participants' experiences with risky sexual behaviour fit within the context of their lives. People story their lives as a way of understanding them and explaining their behaviour and I wanted to honour all aspects of the participants' experiences, perceptions and stories. Risky sexual behaviour is not something that occurs in a vacuum and is often a result of a variety of situational, psychological, personal and subjective influences that can only be fully known and understood by the person who experienced it in that moment. The purpose of this study is to strive towards understanding as much of the participants' experiences as possible and the use of narrative inquiry and analysis of narrative is the most appropriate way to attain this goal.

Recruitment Methods

The initial intention of this research project was to attain an understanding of adolescents' experiences with risky sexual behaviour. I attempted to recruit individuals between the ages of 18-24 who had at least one risky sexual experience (oral, vaginal or anal) and were willing to discuss these experiences in a face to face interview.

A recruitment poster (see Appendix A) that included the criteria for participation and the contact information for the primary researcher, myself, and my supervisor, Dr. Robin Everall was posted on bulletin boards throughout various buildings on the University of Alberta campus. I also disseminated an electronic version of my poster and information about my study to each department on the University of Alberta campus, asking that they email a copy of

the recruitment poster to their respective email lists or, if applicable, include a summary of the study and the criteria for participation in their next general newsletter or update.

I came to realize that my interest in and attachment to studying adolescents' experiences with risky sexual behaviour was tied to my comfort level with this area of research. My undergraduate thesis was a quantitative study which tested the hypothesis that attachment style moderates the relationship between sex motives and risky sexual behaviour and my participants were all undergraduate students between the ages of 18-20. After speaking with my supervisor and experiencing unforeseen difficult recruiting 18-24 year old participants, I decided to remove the ceiling on the age restriction criterion and modified my recruitment strategy, inviting any individual 18 or older to participate. I contacted the individuals who had previously expressed interest in participating and also asked if they would be willing to speak with any of their friends or acquaintances who may be interested in participating as well. This is called the snowball sampling method. This method was deemed appropriate as it is often used to investigate sensitive topics and also to study populations that are difficult to access (Kaplan, Korf, & Sterk, 1987). The snowball sampling method yields participants through referrals made among people who share or know of other who possess some characteristics that are of research interest. The snowball sampling method was deemed appropriate and advantageous for the current study as it allowed the researcher to make personal connections with participants and potential participants prior to the research interview. Snowball sampling was

especially beneficial as it ensured that potential participants had both experience with and were comfortable talking about their experiences with risky sexual behaviour.

I once again disseminated an electronic version of my updated poster and/or study information to each department on the University of Alberta campus and contacted the Outreach Coordinator for the Faculty Graduate Studies & Research. I was invited to create a brief write up that was then included in two subsequent electronic publications of the GSA newsletter. Soon after removing the age criteria, I was contacted by four individuals who expressed an interest in participating and after ensuring that they met the requirements for participation each was interviewed. As snowball sampling involves the use of intermediaries, any participant who mentioned that they may know someone who was interested in participating was asked to provide potential participant(s)' with the researcher's contact information. This way potential participants would have the option of contacting me if they were interested in participating. Any individuals who contacted me were provided with more information about the study and what participation would entail and that they were free to decide not to participate and/or to withdraw from the study at any time.

Data Collection Procedures

Data was collected from June through December 2010. One hour, semi-structured, face-to-face interviews were conducted in a private counselling room with each participant. A brief list of potential interview questions was used to guide each interview (see Appendix B). The first question was, "Could you tell

me about a time that you engaged in risky sexual behaviour?" Follow up and probing questions such as, "Would you feel comfortable giving me more detail about your experiences? Not necessarily specific details about the act itself, but what you recall happening before and after?" were asked. The participants lead the interview in terms of the depth and breadth of what they were comfortable sharing. Interviews were audio taped for transcription purposes.

Data Analysis Procedures

The data was organized and prepared for analysis. Each interview was transcribed verbatim into text. As the analysis was primarily concerned with the content of each participant's story, emphasis was placed on thorough and accurate transcription of the participants' language and wording as opposed to the tone, speed and/or quality of their speech and speech patterns. The researcher transcribed 2 and a half interviews personally and employed the services of a transcriptionist for the final 1.5 interviews. Each transcription was compared with the audio-taped copy of the interview to ensure accuracy and completeness.

Each audiotaped interview was listened to in full at least three times. The transcript was also read through in full at least three times in order to help the researcher to familiarize herself with the data and to obtain a general sense of each participant's experiences.

The first review of each interview was focused upon gaining an understanding of each participant's entire story. Any thoughts or reflections that arose in response to each interview were recorded in the margins using the "comment" function in Microsoft Word. On second reading, sections that

appeared significant in terms of understanding each participant's experiences with risky sexual behaviour were highlighted. The "comment" function in Microsoft Word was used again to paraphrase or respond to each section of text to encapsulate its relevance and meaning to the participant's experience. Then each individual transcript was examined a third time, specifically focusing on the highlighted segments of each interview. Each segment was given a label that reflected the main topic of theme being discussed. If a given segment included more than one idea, it was further subdivided into smaller sections that were then assigned appropriate labels. Each label or topic, a brief definition or explanation as well as a relevant section of text was recorded in a separate document.

Similar topics were grouped into more comprehensive themes; new labels were created or assigned as necessary. Each theme's relative importance and uniqueness was noted. Through this process some themes that had initially seemed important were removed from the list or were shifted to fit under a larger umbrella category. Each new list of themes was compared to the respective participant's original interview in order to ensure that each theme was appropriate and that all relevant experiences and information were accounted for.

Sections that were linked thematically were grouped together. These segments were then also organized chronologically, when possible, in order to create a clearer understanding of the participants' experiences over time. Once an in-depth understanding of each interview was attained, the reorganized transcript was used as a basis for composing an overall summary of the information that was provided by each participant. These summaries or "stories" were intended to

adhere to the experiences and meanings the participants assigned to those experiences as much as possible.

Between Participant Analysis of Narratives

A between-participant analysis was completed in which all of the themes were compared to identify similarities between narratives. Through this process larger overarching themes emerged. Participants often used slightly different language to refer to a similar construct, i.e., self-worth and self-esteem, and these topics could be combined into the larger theme of "perception of self". The lists of themes from each individual participant were combined into a "master" list of themes. The transcripts were reviewed again to identify and code the segments of narratives that contained these major themes. All of the data that fit within each theme was extracted from the full text of the participants' interviews and grouped together in a separate document for ease of analysis. This process revealed a total of three overarching themes which were common to all participants: Conceptualization of risky sexual behaviour, Factors affecting risky sexual behaviour, and Perception of Self. These themes were subdivided into an additional eight subthemes: Perception of risk, Condom use/Protection, Casual sex, Age at first intercourse, Alcohol, Desire to please partner/Maintain love, Self-esteem, and Concern about perception of others. While these subthemes were not common to all participants, they were considered important as each was featured prominently in at least 2 of the participants' experiences.

Ethical Considerations

This study received ethical approval from and was conducted in accordance with the policies and procedures set out by the Education, Extension, Augustana, Campus Saint-Jean Research Ethics Board (EEASJ REB) at the University of Alberta.

Informed Consent

All participants were competent to give informed consent. Prior to setting up a time to meet with each participant, each participant was informed of the purpose of this study, the method of data collection, the 1 hour time commitment required and his or her right to decline participation. This information was reviewed with all participants when they arrived for the interview. Participants were also informed that they were welcome to ask questions before, during and/or after the interview. Each participant was provided with two copies of the informed consent form (see Appendix C); one for his or her own records and a second for the researcher. All participants provided both written and verbal consent. Before commencing the recording, participants were informed that if they became uncomfortable at any time during the interview process they could stop the interview and ask that their interview not be included in the study. The interviews were audio taped for transcription purposes, which was explained to all participants during the informed consent process.

Debriefing

The participants were provided with a copy of the debriefing form (Appendix D) which outlined the goal and purpose of the study. The information

included on the debriefing form was reviewed orally and participants were provided with the opportunity to ask questions. The debriefing form included the contact information for a variety of resources in the Edmonton and area community that the participants could contact if they experienced any distress as a result of participating in the study. The debriefing form also included the contact information for the primary researcher.

Data Confidentiality and Privacy

All identifying information was removed from the research data, including transcripts, in order to ensure privacy, confidentiality and anonymity. Each participant was also assigned a pseudonym to maintain anonymity. All research data and related documentation was stored in password protected files on a personal computer to which only the primary researcher had access.

This study was not deemed to have a negative impact on the participants. Although the recall and discussion of sensitive situations from the past was involved, the participants were provided with a safe, supportive and nonjudgmental environment in which to share their stories. Participants were in charge of determining both the depth and breadth of what they shared and did not receive pressure from the interviewer to provide more information that they were comfortable with. In general the participants expressed appreciation for having the opportunity to talk about experiences and topics which are often seen as social inappropriate. The following quote from one participant in particular, Jessica, exemplifies this perspective:

> "Like I said, it's just validating to be able to talk about it because even if I was to tell these things to my boyfriend or to some friends now it's just kind of like what were you doing with him, you should have just left him but there's so many different layers of difficulty so I think to talk about it kind of validates that it's good to talk about because it's not something I get to ever because it's not something I talk about really because I think sex is one of those topics that unfortunately is kind of taboo in our culture even though it's everywhere."

Methodological Rigour

For the purposes of this study, validity is defined as the degree to which the findings accurately reflect the participants' experiences with risky sexual behaviour (Schwandt, 1997). Validity refers to the accuracy of the interpretations obtained from the data as opposed to the verisimilitude of the data itself (Hammersley & Atkinsonm 1983). While there are numerous perspectives on how to demonstrate validity in qualitative research (i.e., Lincoln & Guba, 1985; Maxwell, 1996; Merriam, 1998; Schwandt, 1997), theorists tend to agree that it is important for qualitative researchers to provide evidence that their studies are valid (Creswell & Miller, 2000). In response to this perceived gap in the literature, Creswell & Miller created a two dimensional framework to guide researchers towards the validity procedures that are most appropriate for their studies. This framework is based upon "the lens researchers choose to validate their studies and researchers' paradigm assumptions" (Creswell & Miller, p. 124).

Qualitative researchers tend to use at least one of three perspectives to determine the validity of their studies: the researcher him or herself, the study's participants, and/or individuals who are not involved in the study, i.e., external reviewers (Creswell & Miller, 2000). First, researchers decide upon the depth and breadth of the data collection and ultimately determine when they feel they have obtained a thorough understanding of their topic of study. They also exert control over data analysis and the presentation of their findings (Creswell & Miller). As Patton (1980) explains, qualitative researchers go back to their data "over and over again to see if the interpretations, categories, explanations, and interpretations make sense" (p. 339). The individuals that participated in a given study may also be used to establish its validity (Creswell & Miller). As qualitative researchers are primarily interested in understanding their participants' perceptions of reality, some researchers choose to ask their participants' whether their interpretations accurately reflect the participants' experiences**;** this process is called member checking. Member checking was not undertaken in the current study as the researcher did not establish this procedure a priori and felt that it would be a potential imposition and obtrusive to ask the participants to engage in this process ad hoc**.** Finally, researchers may also turn to individuals who are external to the study and ask them to provide feedback on the credibility of the researchers' analyses (Creswell & Miller).

Researchers' selection of validity procedures is also shaped by their underlying philosophical assumptions and worldviews (Creswell & Miller, 2000; Guba & Lincoln, 1994). Guba and Lincoln identified three primary paradigm

assumptions which developed in response to the growth of qualitative research (Denzin & Lincoln, 1994): postpositivst, constructivist, and critical influence. The postpositivist stance closely resembles a quantitative approach to validity and its adherents actively seek qualitative equivalents of quantitative protocols.

Disconfirming evidence, a process similar to triangulation, is a procedure in which researchers search for evidence in their data that is inconsistent with, and therefore arguably "disconfirms", previously established themes (Creswell & Miller, 2000; Miles & Huberman, 1994). This was a difficult and somewhat disheartening process to engage in following an extensive and thorough search for supporting evidence, but fits with the researcher's constructivist belief that reality is complex and multifacted (Creswell & Miller). Following the creation of approximately 7 themes and subthemes, the data was re-searched for examples that did not fit with or went against these themes. This information was recorded and when deemed significant enough to render a theme or subtheme inaccurate, the relevant category was removed or altered. This iterative process continued until the researcher was confident that while not all data completely supports all themes, there is sufficient evidence to suggest that each theme accurately reflects the participants' experiences.

In order to further establish the credibility of this study, "thick, rich description" (Creswell & Miller, 2000, p. 128) was used to describe both the participants' individual and shared experiences. Denzin (1989) defines thick descriptions as "deep, dense, detailed accounts" (p. 83). This process primarily involves providing as much detail as possible, which allows the readers to

determine whether the researchers' interpretations of the participants' experiences are valid or credible (Denzin; Creswell & Miller). The reader is also able to decide whether they believe that the findings are transferable to other individuals in both similar or dissimilar circumstances (Creswell & Miller). A detailed account of each participants' experiences based on the information they provided during their interview was created to fully illustrate their story. These narratives are provided in addition to and in support of a thorough analysis and elucidation of the similarities that are present across the participants' experiences.

Conclusion

Narrative analysis was used to attain a thorough understanding of indiviudals' experiences with risky sexual behaviour. The participants, recruited using snowball sampling, were asked about their expereinces in a semi-structured interview and the information they provided was methodically analyzed. The themes explicated in the following Findings chapter are believed to be credible as the researcher's interpretations were subject comprehensive procedures to ensure validity.

CHAPTER FOUR

FINDINGS

In the present study, four individuals were asked to discuss their experiences with risky sexual behaviour. During these interviews, the participants provided detailed accounts of their perceptions of risky sex and the factors that they believe affected their behaviour. While each participant provided a distinct narrative, aspects of their stories revealed similar experiences and understandings. The following chapter provides an overview of each participant's story, as well as a thorough description of the themes that emerged as common across their stories.

Overview of the Participants

The following narratives were constructed based on the participants' reported experiences with and perspectives on risky sexual behaviour.

Alice's Story

Alice conceptualizes risky sexual behaviour as engaging in intercourse with an individual whose sexual history is unknown and/or engaging in unprotected intercourse. She also notes that there are often a number of contextual elements to consider; for example, Alice views having unprotected intercourse with an individual whom is trusted and is in a monogamous, committed relationship as less risky than having unprotected intercourse with a casual partner or relative stranger.

Alice grew up in a small town in northern British Columbia. Throughout her childhood and adolescence Alice was aware of many young women who experienced an unplanned pregnancy and witnessed the impact that having a child

at a very young age had on these women's lives. Alice has never had any interest in having children and viewed the behaviour of her peers who did become pregnant as incredibly irresponsible. She believes that other risky behaviour, such as drug and alcohol use, were often associated with the unsafe sexual encounters that lead to unplanned pregnancy and has little empathy for those adolescents who did not use protection and become pregnant unintentionally. Alice vowed to never be as irresponsible as her peers and avoided situations in which alcohol, drug use and/or sexual activity were prevalent.

Alice can recall three distinct instances in which she feels that she engaged in risky sexual behaviour. The first experience occurred when she had her first sexual experience with her boyfriend Michael. Both Alice and Michael were approximately 15 years old and neither had had a previous sexual partner. On the day that they decided to share their first sexual experience together, Alice and Michael were working together in a warehouse that housed her family's business. Neither was comfortable engaging in sexual activity in their respective houses, where they could potentially be discovered by a parent or sibling, but both were interested in having intercourse. When the two of them were alone in the warehouse the possibility that it may be a relatively private setting in which to engage in sexual intercourse was raised and discussed. Alice currently believes that having intercourse in the warehouse was quite a poor choice as there were a variety of windows through which she and Michael could have easily been seen, as well as the very real possibility that her father or grandfather could return at any given moment. Alice also believes that she and Michael were more strongly

motivated by their desire to have intercourse and their curiosity as to what the experience would be like than they were afraid of the potential risk of being discovered.

As they were both virgins, there was little concern about the possibility of contracting a sexually transmitted disease. Alice notes that she was aware of the potential negative consequences of contracting an STI as she had learned about safer sex in school, but that disease prevention was never a primary concern of hers. While she had firsthand knowledge and experience of the effects associated with teenage pregnancy, she had never – to her knowledge – met any whose life was dramatically changed as the result of an STI. As such, it was the "terror of potential pregnancy" that motivated her to insist that a condom was used when she and Michael had intercourse. It is unclear as to how Michael responded to her request as Alice did not supply this information, but she does mention that "they" were smart enough to know that having unprotected sex was not a good idea. Although Alice and Michael did not actually have a discussion comparing the potential risks and benefits, Alice believes that their behaviour, the fact that they did ultimately have intercourse, indicates that they decided that their curiosity and the potential benefits outweighed the risks of potential pregnancy and/or being caught.

Given Alice's vehement commitment to avoiding an unplanned pregnancy, she is quite confident that there is absolutely no chance that she would have willingly engaged in unprotected sex with Michael. Alice had purchased a box of condoms from a vending machine in a bathroom in Paris, France during a

school trip and had been carrying one of those condoms around with her in her wallet since. If it were not for this opportunity to obtain protection in a relatively anonymous and confidential manner, the responsibility for obtaining a condom would have been placed on Michael; Alice would not have been comfortable purchasing condoms in the pharmacy in small home town given its small size and the likelihood that someone she knew would see her and inform her parents.

Looking back on the situation, Alice remembers feeling like her behaviour was incredibly risky. She felt like she was far too young to be having sexual intercourse and, most importantly, even though the intercourse was protected, she was aware that she was still putting herself at risk of becoming pregnant. Alice thinks that she should have been more concerned about the quality of the prophylactic, as it was purchased in a foreign country and had been in her wallet for almost three months. Her overwhelming anxiety regarding pregnancy prevented her from agreeing to engage in intercourse with Michael again before she left to go to university approximately 2 years later. Shortly after starting school in Alberta, Alice ended her relationship with Michael and entered into a relationship with Ryan, the individual who would eventually become her husband.

The second example of risky sexual behaviour that Alice provided occurred while she was visiting her hometown over Christmas break during her first year of university. She and Ryan had been dating for a few months, but were physically apart as Ryan spent the holidays in Edmonton. Growing up, two of Alice's closest friends were Barb and Shelia; although they were not able to spend as much time together following high school graduation, the three women stayed

in contact and continued to nurture their friendship while they were living in different cities. Barb, who was housesitting for an acquaintance, invited Alice and Shelia to join her for a private dinner; the women relished the opportunity to enjoy a meal free from familial stress and obligation. Together they prepared and consumed a lavish dinner, drank wine, and enjoyed catching up on each other's lives. At some point later in the evening either Barb or Shelia, brought forward the idea of engaging in sexual activity as a group. Though Alice wanted to make it very clear that she was not the person who initially proposed the idea, she also noted that she finds women sexually attractive. The opportunity to explore her interest in same-sex sexual contact with women that she trusted, and therefore felt quite safe with, was very appealing to her.

The idea of using any kind of protection did not occur to Alice at any point during her sexual interaction with her two friends. While there was no fear of pregnancy, the possibility of contracting an infection from a woman was also a foreign idea; Alice finds it far easier to view a male partner as potentially being "infected" or "diseased". At the time Alice did not feel that having unprotected sexual contact with these two women was risky because she knew them so well and trusted them implicitly. She is confident that neither of the women would have knowingly done something to hurt her, so she is sure that if one of them had an STI that they would have told her or simply refused to have unprotected sex with her given the potential danger to Alice's health. Alice is adamant that she would not have taken the same risk with two women whom she did not know and trust completely. Even in the present Alice is unable to state with confidence

what, if any, protection that she and her female partners could have used to prevent the transmission of an STI. Though it did not feel unsafe in the moment, Alice feels that, in retrospect, her decision to participate in sexual activity with these two women was inherently risky. As the other individuals involved were two of her closest friends, she had a fairly intimate and detailed knowledge of their previous sexual partners and experiences. Looking back, Alice feels that she really ought to have been more careful as her friends' sexual histories include a variety of potentially "diseased" partners. All that being said, Alice does not regret her decision to have unprotected sex with her two friends. She does not believe that there is anything that could have been done to address protection from the transmission of STIs and actually is quite glad that she was able to have the opportunity to have a sexual experience involving women before ultimately settling down with a man.

Alice was not at all concerned about the potential ramifications of her behaviour on her relationship with her then boyfriend; alternatively, she believed that he would encourage her to engage in this type of behaviour as men stereotypically find lesbians attractive. In retrospect, Alice wonders if she should have given more thought to the potential impact that this behaviour may have had on her relationship with the two other women involved. She does not feel as if there were any negative ramifications on their friendship and finds this somewhat strange. While she is unable to articulate the primary motivation that lead to she and her friends engaging in simultaneous sexual activity, and wonders whether the intention was a desire to strengthen their bond or if the behaviour was

predominantly sexually motivated, her retelling of the story suggests that her motives for participating were primarily rooted in curiosity and sexual attraction.

The third and final example of risky sexual behaviour that Alice provided involved engaging in unprotected intercourse with her then long term boyfriend and current husband, Ryan. Alice and Ryan had been seeing each other for a while and up until this point had only engaged in protected intercourse; specifically Alice was taking an oral contraceptive and condoms was always used. Prior to this experience both she and Ryan had discussed their respective sexual histories in detail and both were confident that neither had an STI, though neither had been tested. Though Alice cannot recall precisely why or how the topic of having unprotected sex arose, she is fairly confident that she was not the individual who initiated the discussion. Although she views having intercourse without a physical barrier, such as a condom, an incredibly risky behaviour, she felt that it was also important for her "to be flexible to the wants and needs of [her] partner", especially at the beginning of a relationship. It was not something that she had ever done before, so part of her also thought that perhaps she would discover that it was actually "awesome".

She is quite clear that while she feels that it is critical for one to stand by ones beliefs and values when in a relationship, and that specifically she is quite certain that she would never have engaged in intercourse while not taking an oral contraceptive, she saw this as an opportunity to make Ryan happy in the relationship and as something that he might enjoy. She also stressed that she did feel like this was a decision that she was free to make and that she did not receive

any overt pressure from him. Alice described the conversation she and Ryan had as "logical" and "academic", as the idea was brought forward and then both parties had the opportunity to voice their concerns. Ultimately, though Alice was still quite worried about the potential consequences, she and Ryan decided that the potential benefits outweighed the potential risks and engaged in unprotected intercourse for the first time as a couple.

Following that first instance of intercourse without a condom, they were never used again. Alice does not regret this change, but feels that this behaviour carries with it quite a lot of inherent risk. The fact that no immediate negative consequences, such as pregnancy or STI transmission, followed her experience with unprotected sex, the behaviour ceased to be risky in Alice's eyes. While she perceives that engaging in unprotected sex with a male was the "most risky" behaviour she ever engaged in, this behaviour quickly stopped feeling risky after one to two months. Alice compared her experience to that of a new drug user who is scared prior to their first exposure to any given drug, but ceases to be concerned after they have had personal experience with it and not suffered any particularly adverse consequence.

Alice also noted that the fact that she was in a closed relationship with an individual that she knew and trusted was a very important factor. In fact, she went so far as to note that she cannot think of any potential sexual behaviour that she would consider "risky" within her current relationship, as long as neither party engages in any type of extramarital affair which could potentially involve exposure to an STI that could be passed on to the other partner. That being said,

she notes that she continues to take an oral contraceptive and would not engage in intercourse if she was afraid that her level of protection against pregnancy was compromised in any way.

Dave's Story

Dave perceives risky sexual behaviour as engaging in casual, unprotected sexual intercourse with many partners. While he did mention that he has engaged in unprotected oral, vaginal and anal sex with a variety of female partners, he did not specifically state that he views any one type of unprotected sex as riskier than another.

Dave spent much of his childhood and adolescence holding an idyllic, almost deified, view of women. He viewed women as fair, gentle and mysterious creatures that must be approached with care and caution. In school, Dave would frequently swoop in to defend the honour of any female whom he perceived was not being treated with the respect he believed they deserved. Ironically, the young women that he stood up for rarely appreciated his efforts, and in retrospect he thinks that his behaviour was somewhat silly. Dave also identified very strongly with the tenets of the Judeo-Christian faith. He attended Catholic school, frequented religiously based groups and conferences, and based much of his understanding of people and the world on biblical teachings. He held very iconoclastic views regarding the sanctity of sexual activity and adhered to the belief that such behaviour is appropriate only when it takes place within the context of marriage.

Dave was expelled from the Catholic school when he was in his late teens for reasons that were not clearly explained. Dave perceived this expulsion as a rejection from God; he became furious with God, religion and many of the beliefs that had sustained and comforted him. Feeling rebellious and somewhat lost, Dave eventually decided he wanted out of his environment; he purchased a bus ticket to Edmonton and met up with some of his friends. While he was in Edmonton he found himself interacting with a young woman, Sally, whom he had met and shared a milkshake with while they were both attending a Christian youth conference a number of years earlier. A virgin up until the point because of his commitment to God and his religion, Dave made the decision that he would lose his virginity in Edmonton as it was time to start living his life for him. Sally was one of the very first women that he interacted with and viewed as a possible sexual partner after he had made the decision to lose his virginity so he asked one of his friends to help him arrange a time and a place to meet her with the sole intention of engaging in intercourse.

When Sally met she almost immediately began to divulge the details of her sexual history with him. She spoke of having a variety of sexual partners including her father's older friends and men at truck stops. While in retrospect Dave suspects that she may have been having sex for money, at the time he was quite naïve and simply believed that she was sharing the details of a somewhat "standard" sexual history and that her experiences were simply different from his own.

Dave was very aware of the myriad of risks associated with unprotected sex that had been discussed in his sexual education courses and was one hundred percent prepared to have only protected sex. He had removed the condom from its package and was preparing to put it on when Sally asked him to let her experience what he felt like without a condom. Dave acquiesced, but only for a few seconds, before stopping the intercourse to put on the condom.

While Dave says that he does not believe that Sally was a demon, he believes that she was sent by God to deliver a message. Immediately after their sexual interaction ended, Dave vividly remembers Sally saying, "Welcome to the world of lust". To Dave those words were almost like a curse damning him to eternal and insatiable sexual hunger; he saw it as God's way of letting him know that God was aware that Dave had turned his back on God and would suffer the consequences.

Dave views his first sexual experience as a pivotal moment in his life; following his encounter with Sally, Dave went on to pursue sexual relationships with a variety of women. His adherence to protected sex wavered fairly quickly. While he cannot remember precisely when or why he started to engage in predominantly unprotected sex, he believes that it occurred very shortly after his first sexual experience with either the second or third woman that he slept with. Once he had experienced what intercourse felt like both with and without condoms he began to develop a preference for unprotected sex. His preference grew out of a number of factors; he found the idea of ejaculating inside of a woman exciting and also preferred the physical sensation of sex without a

condom. Dave's initial fear of potentially contracting an STI and adherence to what he had been taught in sexual education class also waned when he did not experience any of the negative consequences that he had been concerned about. He began to view himself as invincible and because he did not have any particular goals or a life plan, was predominantly concerned with living in the moment and experiencing as much pleasure in the present as possible. Dave felt that he would simply have intercourse with as many women as possible until he either grew bored of behaving in that manner or found a woman with whom he wanted to spend the rest of his life.

Dave believes that he has slept with approximately 200 women. He considers himself fortunate to have had the opportunity to have had unprotected sex with so many sexual partners without, to his knowledge, contracting what he deems a "serious" STI or fathering any children. Dave does not view his behaviour in a particularly positive light; throughout the interview he referred to the fact that the behaviours he discussed almost all took place in the past. Dave has slept with coworkers, women he met at bars and parties, friends, acquaintances, etc; he was very interested in engaging in a wide variety of sexual behaviours as frequently as possible, but was not particularly interested in doing so with a consistent partner. He preferred the "rush" of discovering someone whom he had not previously known and/or seen fully unclothed. He frequently pursued a variety of women who differed in age and physical appearance and there was almost always alcohol involved. At one point in his life Dave recalls

being scared of having sex "sober" as so many of his previous sexual encounters had taken place while he was under the influence of drugs and/or alcohol.

Alcohol plays a very important role in Dave's experiences with casual sex; as opposed to alcohol being an incidental social "lubricant" of sorts that lowered his and his respective partners' inhibitions, Dave consciously consumes alcohol prior to pursuing and engaging in random sexual encounters as a means of trying to alleviate some of the guilt for what he was going to do. Part of his guilt stemmed from feeling like he was being disrespectful towards the women he was sleeping with as he knew that it would only be a onetime encounter. His previously held view of women as docile "creatures" in need of protection and deserving of only the utmost respect started to dissipate as the number of women that he slept with increased. He also made sure that the women understood that he was not interested in any kind of long-term commitment, just a onetime sexual encounter, and endeavoured to bring the woman to climax to ensure that she was enjoying herself before he felt comfortable pursuing his own pleasure. Dave attempts to justify his behaviour to himself by framing the casual sexual encounters as "mutual using"; it is interesting to note that he was also very aware of the fact that both he and his partner were taking a risk by having unprotected sex. Dave ensured that he had regular STI tests and feels guilty in some ways that he has not ever contracted an STI as he is aware of individuals who have only had one sexual partner or experience and end up with a debilitating disease, whereas he has only ever contracted a yeast infection. Dave feels that it is important for him to have regular STI tests to ensure that he is not at risk of transmitting an

infection to a partner. He believes that if he were ever to contract an STI he would immediately stop having intercourse until the infection cleared up, or in the case of a chronic and/or more severe infection, such as HIV, he would stop having intercourse all together and would have to decide if/when he found an individual that he wanted to commit to for life whether engaging in intercourse with her would be worth the risk of transmitting the infection to his partner.

Self-esteem was a major factor in Dave's relentless pursuit of sexual partners. There was a period of time when he was having approximately 3 novel sexual partners a week and would feel quite negatively about himself if a week went by without casual sex. He does not feel like his behaviour was motivated by peer pressure in any way, though he enjoyed being able to brag to his friends about his conquests or to make bets about an intended sexual partner's physical attributes (i.e., nipple size, etc) when he was confident that he was going to have intercourse with the woman later that evening.

The vast majority of times he has engaged in sexual behavior it was unprotected. Following his first sexual experience, Dave cannot recall ever offering to wear a condom and it is very rare that the option is proposed by his partner. On one occasion during which the prospect of using protection was raised, Dave told the woman that he preferred to have intercourse unprotected and the woman acquiesced to his request. Condom use has been brought up by less than 5% of his sexual partners and of that 5%, almost all of the women eventually agreed to have unprotected sex. The interviewer asked whether Dave thought that the women were perhaps bringing up the subject because they thought they

should, i.e., because it is not socially acceptable to having unprotected casual sex, as opposed to because they actually wanted to insist that protection be used. Dave felt that this fit very well with his perception of the women's behaviour and the fact that so few women insisted that Dave wear a condom. On the rare occasion that condom use was proposed, it was often in response to concerns about getting feces on Dave's penis during anal sex, as opposed to concern related to STI transmission.

Dave described a generic hypothetical scenario involving risky sexual behavior that he felt exemplified the majority of his experiences. The interaction would begin with him feeling attracted to a woman for one reason or another; it could be physical appearance, but he also stated that their personality was a very important factor; he was not interested in being involved with a woman who was "uncaring/cold", etc. At that point they would usually be at an event in which alcohol was involved so the two of them would continue to drink and laugh and joke together until the point at which they would either stop drinking while one of them still felt sober enough to drive to one of their respective houses, or would seek a private room nearby to have intercourse.

Dave had a rather voracious appetite for internet pornography that contributed to his desire to have frequent casual sex as he was exposed to a variety of sexual activities and practices online and often sought out women with whom he could live out the scenarios that appealed to him. At some point Dave began to almost completely lose interest in having sex all together and was also having difficulty initiating and maintaining an erection. This was especially

obvious to him when he realized that he would rather watch a football game on tv than have sex with a willing partner. He also started to become concerned with the type of pornography that he was viewing (i.e., men having sex with men) as he recalled that this escalation/change in viewing preferences was an experience that some well-known sociopaths such as Ted Bundy had experienced. It was also around this time that he realized that he had played out almost every one of his sexual fantasies and no longer driven by a desire to find a partner who would be willing to participate in specific activities with him. Dave's desire to sleep with women was also dampened by his experience of actually feeling hurt and sad when his recent decision to pursue committed relationship ended.

Dave's behaviour changed fairly drastically following an experience that he perceived as a divine intervention. He had been experiencing a sharp pain in his side for a few weeks and was avoiding seeking medical treatment when he suddenly "heard" God's voice asking him what he would be willing to give up in order to get rid of the pain. Dave considered abstaining from drugs and alcohol, but ended up ultimately deciding to stop viewing pornography. The moment Dave made that decision he felt the pain completely disappear. He was surprised by how relatively easy it was for him to stop viewing internet pornography, especially given how widely available it is.

Jessica's Story

Jessica defines risky sexual behaviour as engaging in unprotected intercourse. She also believes that an individual's age is a factor that should be taken into consideration, though that age at which intercourse becomes

appropriate is unclear. Based on her perception of herself and her own behaviour, having intercourse at age 15 is far too young and one should likely wait until they are at least 18.

Jessica remembers being approximately 15 years old when she lost her virginity. At the time she, like a number of her close friends, was dating an older boy whom she perceived as being more knowledgeable and experienced sexually than she was. Jessica was very self-conscious at this age; she based the majority of her behaviour on the feelings and opinions of others. When her then-boyfriend suggested that they initiate a sexual relationship that included intercourse, Jessica, while not entirely comfortable with the idea, agreed to do so in order to make him happy. While Jessica's boyfriend was initially willing to wear a condom, it was not long before he began pressuring Jessica to have unprotected sex with him.

Jessica was acutely aware of the risks associated with having unprotected sex. She had learned about the possible outcomes in school and grew up in a small town in which many teenage women became pregnant. Jessica was somewhat concerned with the possibility of contracting a sexually transmitted infection from her boyfriend, but was absolutely terrified of becoming pregnant. While in some ways she felt that having sex before many of her peers was a sign of her maturity, she was also all too aware of what others might think of her if they found out that she was engaging in this type of behaviour. Her fear of judgement was so strong that it prevented her from accessing the birth control pill or condoms. Jessica viewed requesting or obtaining any type of contraceptive device as both acknowledging and broadcasting that she was having sex. She was

aware that there were options available to her, but also felt that she was far too young to be engaging in sexual activity and did not have the confidence to pick up condoms from the pharmacy or to ask her doctor for a prescription for birth control. Jessica wishes that she would have been able to talk to her mother about sex, but was aware that it was a very taboo topic in her household. When Jessica was 17, her mother suggested that it would probably be a good idea if Jessica started taking an oral contraceptive and Jessica readily agreed, but that was the full extent of the conversation. Jessica is not sure if she would have felt more comfortable accessing resources from a doctor or nurse if she lived in a larger town; although there would be less of a risk that her parents or other adults that knew her would find out about her behaviour, she still feared judgement from people she did not know.

Jessica felt that the fact that she was having intercourse at all was shameful, let alone the fact that she was doing so unprotected. She believes that she internalized messages from her parents regarding sex and continues to view it as something that is embarrassing to discuss. At age 25 she still feels uncomfortable going to the doctor to obtain a prescription for an oral contraceptive and is unsure whether she will ever feel comfortable doing so. Jessica carried around a lot of self-loathing and guilt as she was very aware that she was not only doing something that she was too young to be doing, but she was also doing it without protection. In the present Jessica looks back on her teenage self with disbelief, unable to understand how she could have done something so risky for such a long period of time. She sees herself as being incredibly lucky

that she did not contract an STI or become pregnant and is not sure how she would have coped with either of these outcomes. Her fear of pregnancy, which would serve as evidence of her "inappropriate" behaviour, was so intense that she considered the possibility of committing suicide if she was to find out that she was pregnant.

Jessica recalls being absolutely terrified throughout the months that she and her boyfriend were having completely unprotected sex. Her anxiety was especially elevated as she approached the expected start of her period as she was afraid of finding out that she was pregnant. Jessica was far less concerned with contracting an STI as her boyfriend claimed to have had only one previous partner. She also felt that she would be able to hide the fact that she had an STI from her friends and family; she would be happy to suffer the consequences of the infection in silence in order to ensure that no one found out that she was sexually active. Pregnancy, on the other hand, is not something that she would be able to easily conceal. Part of her concern regarding becoming pregnant was an awareness of the change in her lifestyle that would necessarily follow, but these effects were much less important to her than the shame that she would experience when others would be able to see that was having sex.

Jessica viewed STIs as less of a threat as they were something that she had learned about in school, but not a concept that she had experienced firsthand in her life. While she had many opportunities to see that impact that becoming pregnant as a teenager had on one's life, as this was a fairly common occurrence

in her small town, she was not aware of anyone she knew actually contracting an STI.

Jessica believes that her perception of her ex-boyfriend as more "sexually experienced" was part of the reason why she let him convince her to have unprotected sex. He would tell her that it was better without a condom and that if she was to get pregnant it would be okay because he would marry her. Jessica often felt confused and guilty when she would ask her boyfriend to respect her wish to either not have sex or to only have sex with protection, as he would tell her how much he loved her and that he would never want to hurt her, but somehow also convince her to behave in a manner that she was very uncomfortable with. The few times that Jessica was able to convince her boyfriend to use a condom was around the times that her period was due or was late, rendering the possibility of pregnancy all too real. This was a very confusing time for Jessica, as her boyfriend would tell her that he loved her and that he would do anything for her and that he wanted her to be comfortable, while at the same time also pressuring her to do things that she was not at all comfortable with.

While she does not recall receiving any "overt" pressure from her friends to engage in unprotected sex, she does recall that feeling pressure because two of her close friends were also having unprotected sex with their older boyfriends and she felt as though if they were doing it without any negative consequences than she should be as well. This normalized her behaviour and made her think that perhaps this was something that "everyone" did and provided her with more

pressure to continue engaging in the behaviour herself. Jessica also feared the potential repercussions that ending her relationship with her boyfriend would have on her circle of friends; all of her friends were also friends with her boyfriend and the group "worked" predominantly because they were all high school aged females dating older men. Jessica was concerned that if she ended her relationship she would lose the vast majority of her social support and may even find herself alienated.

Additionally, Jessica was scared to leave the relationship as her boyfriend emotionally and psychologically manipulated her ("I'll kill myself if you leave me"). She was scared that he might physically harm her or himself if she broke up with him. She says that looking back it is very clear to her that it was an emotionally abusive relationship, but she did not have the confidence, knowledge or experience to know this at the time. She was scared to reach out to a parent or other trusted adult for help because she thought that in doing so she would ultimately have to reveal that she was having sex with him.

Jessica recalls that alcohol was often a precursor to unprotected sex. Jessica enjoyed consuming alcohol and going to parties that involved drinking. She would begin the night convinced that she would insist that protection would be used if she and her boyfriend had sex, if she agreed to have sex at all. As the night went on and she became intoxicated, Jessica's resolve would weaken and she would end up feeling like it did not really matter. The morning after Jessica would desperately regret this behaviour and convince herself that next time she would insist that a condom was used.

Jessica's relationship ultimately ended when Jessica's mother became aware of how emotionally abusive the boyfriend was. Jessica's mother overheard him yelling at Jessica on the phone and told Jessica that she did not deserve that. Her mother's support helped Jessica to get through all of her boyfriend's attempts to rekindle the relationship as she screened phone calls and would not let him in the house or tell him where Jessica was. Ultimately, Jessica feels like she learned a lot from the relationship and those experiences as terrible as they were. She also feels extraordinarily lucky that she did not get pregnant or get an STI. Some of her friends who were in similar situations in their teens and ended up becoming pregnant and dropping out of high school.

Jessica found the opportunity to tell her story a very positive experience. For most of her adult life she had looked back on her behaviour, as well as the behaviour of her friends and of current teenagers, as being stupid and ridiculous. When she first began telling her story she referred to herself in quite derogatory terms, seemingly unable to understand how she could be so "stupid". Upon reflecting on all of the reasons that she had unprotected sex, even though she knew it was a risky thing to do, she is now able to feel empathy for her younger self and to see how those early experiences with low self-esteem and self-worth have positively impacted her life in the present. Her decision to end the abusive relationship she was in was a first step in realizing that she has a right to stand up for herself and to say "no" with confidence if she does not feel comfortable with something. Jessica does not recall ever feeling pressured into having unprotected

sex again. The one time that she remembers an ex-boyfriend suggesting that they engage in unprotected intercourse she had no problem saying, "no".

Sam's Story

Sam is a 23 year old bi-athlete currently attending university on a full athletic scholarship. She defines risky sexual behaviour as "something that you wouldn't let your friends do… If they come to you, you'd smack them a little" and shortly thereafter stated, "um, so, that kinda happens a lot".

Sam was 14 years old when she had intercourse with a male for the first time. Although the two of them had dated previously, the relationship had ended by the time thet had intercourse. While she was initially uncomfortable with this, she acquiesced to his requests in order to make him happy. At the time Sam thought that she was in love with this boy and realized fairly quickly that the only way that she would receive acknowledgement from him was when they were engaged in sexual activity. David was very adamant that the two of them were no longer in a dating relationship and would not acknowledge Sam when they saw each other in public; i.e., at school. When David asked Sam to have sexual intercourse with him for the first time she initially said no. When David told her that she would have sex with him if she really loved him, she agreed to do so immediately as she did not want to risk losing him completely. She remembers losing her virginity as a very negative experience; specifically she describes the interaction as both "violent" and "horrible". Sam believes that this first experience "set the tone" for each sexual encounter she has had since that first time. Sam desperately wishes that her first sexual experience could have been

much different. She wishes that she had been older and that both she and David had been in love with each other; she is jealous of individuals who have had positive early sexual experiences.

Many of Sam's later dating and sexual relationships mirror her experiences with Dave. She cannot recall a single time that she has ever been introduced as someone's "girlfriend". The majority of the men that she has had a sexual relationship with were either in at least one other committed relationship or were openly pursuing other women while having sex with her. For example, throughout high school Sam slept with many of her friends' boyfriends. As with Dave, Sam often felt pressure to have sex with these boys because they would challenge her affection for them and ask her to prove that she cared by performing sexual favours.

Sam realizes that her decision to sleep with these males was born out of a desire to be acknowledged. She has a very negative view of herself and incredibly low self-esteem, despite being a very successful student and athlete. There was one instance that Sam can recall in which a male was interested in actually dating her, as opposed to just using her for sex. Sam and Jacob started dating, but not having sex, and Sam was excited for an opportunity to have a relationship with someone that was about more than sex. Unbeknownst to Jacob, while he and Sam were dating, Sam was also having sex with Jacob's roommate. When Jacob found out that Sam was sleeping with his roommate, he propositioned her. Sam turned him down as she was really valued their relationship and was not ready to have sex with him. Jacob responded with anger,

asking why she would sleep with his roommate and not him. Sam was incredibly upset by his interaction and responded by immediately seeking out someone to have sex with. Jacob's request for sex and reaction when she said no strengthened her belief that men are interested in having sex with her and nothing else.

Sam had her first sexual relationship with a woman shortly after she graduated from high school. She took a contract in Vancouver and was living in her coach's home with his family. The coach had a 16 year old who "made a move" on Sam which sparked what Sam describes as a "very, very destructive relationship", yet also helped her to realize that she is "gay". Sam describes figuring out her sexuality as a very stressful process; she continued to sleep with men as an attempt to try to prove to both herself and the rest of the world that she was straight as she desperately longed to be "normal". She recalls that this behaviour was especially likely to take place after someone made a derogatory reference to her sexuality, such as calling her a whore, or commented on the fact that she was gay. Her automatic impulse was to seek comfort and some sense of normalcy by having sex with a male, though she was often unable to follow through with actually engaging in intercourse with men ("and then basically mid-act you are like, "Oh my God I'm gay; what am I doing?!").

Sam is currently in a long term, approximately 2.5 years, relationship with a woman named Sylvia, whom Sam describes as "amazing", "phenomenal", and "the love of my life". Although they have been dating and in a committed relationship for over 2 years, Sylvia has not disclosed her sexual orientation to her friends or family and does not want the world in general to know that she is gay.

Therefore, she refuses to acknowledge her relationship with Sam when the two of them are in public. She will not hold hands or hug Sam when there are other people around. This is something that is a point of contention in their relationship and that tends to make Sam feel poorly about herself. As a means of dealing with her feelings of rejection she "cheats shamelessly" on Sylvia with a variety of other women.

Sam feels conflicted about her behaviour; on one hand she feels incredibly guilty and wishes that she could stop it. Ideally, she sees herself marrying Sylvia and the two of them spending their lives together. Sam also wishes that it was harder for her to attract women; she describes herself as having "game" and feels that it would be easier if there were no temptations and/or no opportunities; i.e., if she sought sex from other women, and they turned her down. Alternatively, there are times when she believes that her behaviour should not actually be considered "cheating" so she feels less badly about it. She perceives her relationship with Sylvia as being "on pause" until one or both of them are ready to fully commit to each other and until that time comes she will continue to sleep with other women. Both Sam and Sylvia are professional athletes who frequently put their careers before everything else in their lives; Sam acknowledges that until they have moved past this point or decide to start putting relationships first, it is unlikely that she will feel secure in her relationship with Sylvia.

At the time when we spoke, Sam was engaged in a sexual relationship with three women in addition to Sylvia. As with the majority of her sexual partners, Sam intentionally ensures that she knows very little about these women.

She believes that it is possible to have a sexual relationship that does not involve "feelings" or attachment, but this requires vigilance; "you can sleep with a girl, but you can't let her in … as soon as you have an emotional connection of any kind, there is room for feelings". In order to ensure that feelings do not develop and that the women do not get attached to her, Sam will often sleep with a woman a few times and then cut them out of her life completely. At some point in the past, she did start to develop an emotional connection with one of her casual partners, Sandra, and Sam feels incredibly guilty about this. Sylvia found out the Sandra and Sam were spending time together and was concerned that Sam had feelings for Sandra, but Sam spun the story to make it sound like Sandra was the one who had feelings for her and was pursuing her. As a result, Sandra ended up being alienated from many of her friends. That being said, Sandra had also been married to a man at the time and as a result of her affair with Sam is in an open marriage. Sam sees this as a very positive change in Sandra's life as she feels that Sandra is now free to express her feelings for women in a semi-supported way.

While Sam assumes almost complete responsibility for her behaviour, purporting that she seeks these casual sexual relationships, women seek her out as well. At the small school that she attends most of her peers are aware that she is gay; whether they have heard from their friends that Sam is a "safe" individual to experiment with or they simply feel comfortable approaching her, Sam is frequently propositioned by purportedly straight women who are interested in a "gay experience". Sam often finds herself being lead off to a secluded place where she and a relative stranger will experiment sexually until the instigator

begins to feel uncomfortable or has satisfied her curiosity. Sam is aware that she is essentially being used by these women as they believe that she is "safe" because she is someone that they are somewhat familiar with and also because she will not tell anyone. It seems that Sam believes that she actually deserves to be used, as if these women using her is some kind of karmic payback for the fact that she uses other women to feel acknowledged. She also jokes about how it benefits her as the women tend to provide her with favours, such as free drinks at the bar, after they hook up, perhaps as a means of alleviating some of their guilt and to feel like they are "paying her back". Sam joked that in some ways she feels like a prostitute when this takes place.

Sam views her life and her self-defined risky sexual behaviour as a logically connected string of causal events. She understands her behaviour in the present as an almost inevitable consequence of the sexual abuse that she alluded to experiencing as a child and her extremely negative initial sexual experiences. She does not believe that her past justifies her behaviour in the present or renders her behaviour appropriate or acceptable, but she believes that it helps to explain why she behaves as she does and views sex as she does. The sexual encounter she had when she was fourteen taught her that sex is about fulfilling someone else's needs as well as one of the only ways in which she would receive the attention she desperately craved. Sam views sex as an opportunity to feel close to someone and to, even for just a few moments, be the most important person is someone else's life. Sam does not believe that sex should be satisfying for her and becomes quite

upset and feels incredibly uncomfortable and "dirty" if she actually enjoys the sex.

This is reinforced in her current relationship with Sylvia. One weekend when Sam and Sylvia were able to spend some time together the two of them spent most of their time in bed relaxing and being intimate. Sam enjoyed this weekend and the opportunity to be close to Sylvia, but Sylvia held this against her and accused her of only being interested in sex. Sam was devastated and confused as she had thought that they had a wonderful weekend together and that the sex that they had was a meaningful extension of their feelings for each other. Sam feels as though she cannot win as she often trying to keep sex and feeling separate to protect herself and is extremely hurt that when she opened herself up to Sylvia and allowed herself to have meaningful sex she is chastised for it.

It is often following interactions like that one with Sylvia in which she feels rejected and poorly about herself that she will reach out to other women. From Sam's perspective, this is her way of proving both to Sylvia and to herself that she is attractive and desirable as these other women want to be with her so that must be the case. Sam tends to keep at least two women "on retainer", so to speak, for the time when she feels rejected by Sylvia. The "joke" among her teammates is that she has at least one woman that she is flirting with in person, another that she flirts with over the phone (through texts, etc) and "the girlfriend". This means that at any given moment there is at least two individuals who Sam is fairly confident would be willing to have sex with her if she were to reach out to them.

Sam's foray into seeking validation from women outside of her relationship with Sylvia did not involve sex initially. At first, Sam would simply flirt with other women online and through text messaging, using the "excuse" of having a girlfriend as a means of keeping the interactions from getting too intense or serious. In this way she was able to receive attention and acknowledgement from others without allowing the relationship to evolve past the point that she was comfortable with. One summer Sam was feeling particularly lonely and isolated as she spent most of her time training by herself; when she was introduced to a married women, Barb, who offered to start training with Sam, their interaction began "innocently" enough, i.e., flirting, but eventually Barb and Sam ended up having sex. Once she had crossed the line between from flirting to sex, Sam began to pursue sexual relationships with almost any woman that she interacts with.

A specific example of this is another athlete, Cynthia, whom Sam has met very briefly once or twice before. Cynthia is much older than Sam, almost 40 years old, and lives over an hour away. One night during a period of time when Sam had decided to "smarten up" (i.e., to stop having casual sexual relationships) her teammates start egging her on, calling her a cub (as she has had a few sexual encounters with older women who are sometimes colloquially referred to as "cougars") and refusing to believe that she does not have anyone "on the side". As Sam started to think about this, she went through all of the contacts on her phone and decides to start flirting with Cynthia via text message. As per her usual "routine", the interaction starts off with "harmless" flirting until Cynthia takes a

risk by “making the joke”, for example suggesting “jokingly” in order to save face in the future if necessary that they have sex, Sam “encourages” the joke, i.e., instead of brushing it off as it if was a joke, responding to Cynthia by agreeing that she would be interested in hooking up, and quite soon after Cynthia has gotten in her car and is driving to meet and hook up with Sam that very night.

The aforementioned sequence of events is fairly representative of Sam’s interactions with prospective sexual partners. She has found that gay women, in general, are incredibly flirtatious and will playfully interact with her, joking about having sex, but not taking the “final step” as they are aware that Sam is in a relationship. At that point, Sam is more than happy to take that final step, which essentially entails communicating, through both language and behaviour, that she is interested is pursuing a sexual relationship, despite having a girlfriend. Sam sees this as a simple process; she is simply saying what everything is thinking but no one is willing to say.

Sam seeks various casual encounters as opposed to an additional committed relationship for a number of reasons; she does not want Sylvia to find out that she is seeking validation outside of their relationship as Sam believes that this would lead to Sylvia leaving her. Sam feels that keeping her sexual partners as random and clandestine as possible helps to ensure that Sylvia will not find out about them. Having a number of casual partners prevents Sam from feeling like any of them really care about or support her, as they too are predominantly interested in sex. Sam always ends the “relationship” before they get too serious, allowing

both partners to enjoy the honeymoon phase of constantly longing for one another, and ceasing contact before this "glow" has a chance to dissipate.

Sam frequently finds herself feeling incredibly alone. Paradoxically she sees the time that she spends with her girlfriend as a way to fill the space between casual sex partners. The "bedhopping" helps Sam to feel acknowledged temporarily, but the moment the interaction is over she finds herself craving another "fix". Sam perceives herself as behaving like a drug addict; while sex is the method through which she receives her drug of choice, it is not really the sex that she is craving, but the "high" that she experiences when she feels like someone finds her desirable. She is very aware that her self-esteem is externally motivated. She has begun to ensure that she is able to find a woman who is interested in her when she has a big race coming up as she finds that feeling wanted significantly boosts her performance. Sam sees that her behaviour is actually quite harmful to her self-esteem in the long run, as she realizes that these women are attracted to her and want to be around her for a few moments, to obtain sexual satisfaction, but that they ultimately do not really care about her or what is going on in her life.

Conceptualization of Risky Sexual Behaviour

Although they disclosed very diverse personal stories and experiences, analysis of the participants' narratives revealed some overall themes in terms of participants' perceptions of what constitutes risky sexual behaviour. All participants reported engaging in sexual behaviours that required them to consciously set aside concerns about their personal health and safety. Each

participant engaged in sexual activity in circumstances under which there was not a clear sense of trust or safety.

Each participant's experience involved consciously risking the possibility of negative and unwanted physical, psychological and/or emotional repercussions. Specifically, Jessica was aware that engaging in unprotected sex with her boyfriend was risky and could lead to STI transmission or pregnancy and felt fortunate that she did not experience either.

> I had a boyfriend that was three years older than me and so there's a time that we were having sex with no birth control whatsoever. No condoms, no anything. At the time I knew it was risky, but looking back it was like what the heck was I thinking? You can't really get more risky in my mind.

Alice felt that having sex at age 15 was risky even though a condom was used because of her age and the possibility of the condom breaking or being faulty.

> It just seemed like a very not smart thing to do at the age of 15. And, like, they were European condoms, so who knows? Maybe they were like defective or something; probably been carrying them around in my wallet for a month or for however long. And I just, I don't know, it seemed, like, dangerous at the time.

Dave was certainly aware that his behaviour put him at risk of contracting STIs and fathering children. His regular STI tests and fears about previous partners who believed they may be pregnant provide evidence that he was aware of the potential risks. He, like Jessica, considered himself lucky to have not contracted an STI or to have fathered any children that he is aware of; "I've been

extremely fortunate; probably about 90% of the sex that I've had was risky [. . .] I've been super fortunate, not with the numbers, but that I'm alive and standing and that everything's okay".

Sam provides her definition of risky sex, "anything you wouldn't let your friends do", at the opening of the interview and shortly thereafter states that this is something that "kind of happens a lot" in her life. The majority of Sam's sexual partners are "random encounter hook-ups", individuals with whom there is no pre-established sense of trust or safety. She is caught in a near constant struggle between wanting to be faithful to her girlfriend and the temptation of sleeping with other women. "[My girlfriend is] phenomenal. That is the dream girl. Like I wanna marry her; want to settle down [. . .] I don't want to cheat on [her], but I do". Sam refers to herself as "a bad person"; she feels that she is being unfair to her girlfriend as well as the women that she sleeps with casually. "I feel bad about what I do to [my girlfriend]. I also feel bad about the fact that I'm playing these girls and I know I'm playing them". Sam usually ends the relationship if she suspects that any of her casual partners are becoming emotionally invested in her or if she feels emotionally invested in them. She carries around a lot of guilt about one woman in particular who developed "genuine feelings" because "as soon as she made herself vulnerable, [Sam] kind of cut her off, hurt her".

Perception of Risk

The participants' conceptualizations of risky sex were based in part of the perceived likelihood that a given undesired outcome may occur. Jessica perceived pregnancy as a "more realistic" potential consequence of unprotected

sex as she was aware of "the kids that got pregnant in high school", but did not "know about the gonorrhoea people have". Alternatively, Alice's exposure to unplanned pregnancy resulted in her perceiving this outcome as less worrisome than STIs, as she explains in the following passage:

> I had the terror of like my Sex Ed class like driven into my brain, and I like, being raised in a context where people constantly get pregnant, you know it can happen; you see it happening all the time. You see your peers having children, who are, like it's a real thing, as opposed to STDs [sic]; you don't really see them, right? And no one really says, "Oh I have gonorrhoea! It's so terrible, look at my vagina!" Although that would be educational, I don't think, anyway, it's just not the norm, right? You don't really see the consequences. I think that's part of why it was scarier regarding the STIs than the pregnancy; because you don't see STIs unless you are right up in there, you probably shouldn't be.+

While Dave was aware of the possibility of unplanned pregnancy, he became less concerned about it over time. When he was younger some of his sexual partners suspected they may be pregnant, but as none of them, to his knowledge, actually did become pregnant, he began to believe that he was impotent: "I think I shoot blanks [. . .] I really do. I mean you know, definitely I can give a good shot, but I don't think that there is anything doing the backstroke in there". As a result of this belief, Dave did not think that there was a very high likelihood of his behaviour resulting in unplanned pregnancy.

The participants also described the importance of their subjective psychological perceptions of a given experience as being an integral part of whether a given sexual behaviour felt risky. Alice felt that having unprotected sex with her committed male partner was risky because he could have been lying to her about being disease free. "I mean you never know if someone is lying to you; people can say all kinds of things to get you to have sex with them". Her experience of choosing to have unprotected sex with a male partner with whom she was in a committed relationship is contrasted by her casual, one-time experience having unprotected sex with two of her close female friends. The thought that she should be concerned about her physical health or safety did not occur to her in the context of having sex with her friends as she trusted them implicitly and strongly believed that they would not do anything to hurt her. She feels, in retrospect, that perhaps she should have been more concerned about the possibility of contracting an STI as she had quite intimate knowledge of their sexual history and many previous sexual partners.

While Dave did not have any real reason to trust the casual partners that he engaged in unprotected intercourse with and was aware that he was vulnerable to STIs and unplanned pregnancy, he used a variety of cognitive strategies to justify and rationalize his behaviour to himself. He felt that as he knew many of his sexual partners in a different/outside context, it was unlikely that they would risk having unprotected sex with him if they had an STI. He believed that the potential embarrassment she might suffer if she were to transmit an STI would prevent her from having unprotected sex with him.

> It wasn't a lot of times where it was a different woman, you know, like three women in a week or something like that; it was usually more like twice a month or something like that. But it was, it was always, I don't know, people I worked with a lot of the times and stuff, so just that risk just didn't seem there. I just, my thinking was they, if if we were together they would be so embarrassed if they had something there's no way that they would let themselves do it because they know we'd have to see each other again. And what – all of a sudden I'm going to walk up with this huge rash, you know? "Thanks a lot Margaret!" So you can, like anything, you can justify anything however you want. So I could always justify doing it, always justify it.

The level of risk associated with a given behaviour was also based on whether a given outcome was viewed as negative or threatening. Jessica's boyfriend did not perceive the possibility that unprotected sex could lead to pregnancy as an impetus for wearing a condom during intercourse because he would have been happy if she had become pregnant. Alternatively, both Jessica and Alice viewed unprotected sex is incredibly risky because pregnancy was an outcome that neither woman desired. Alice was also very concerned about potentially obtaining an STI, as she explains in the following passage:

> I had the terror of like my Sex Ed class like driven into my brain, and I like, being raised in a context where people constantly get pregnant, you know it can happen; you see it happening all the time. You see your peers having children, who are, like it's a real thing, as opposed to STDs [sic];

> you don't really see them, right? And no one really says, "Oh I have gonorrhoea! It's so terrible, look at my vagina!" Although that would be educational, I don't think, anyway, it's just not the norm, right? You don't really see the consequences. I think that's part of why it was scarier regarding the STIs than the pregnancy; because you don't see STIs unless you are right up in there, you probably shouldn't be.

Dave was relatively unconcerned with the possibility of contracting an STI because he has friends and family members who have shared stories of being diagnosed with an STI and recovered relatively quickly and easily.

> I've known a lot of people who have had one of those; have a couple of beers and, "Yeah, I've had that, the clap". I don't even know what the clap is. It's just like, "Yeah, just one of those things; you just take penicillin". Even, you know, even my dad telling stories, or men of his age talk about their experiences, and it was just to get the shot and you go on.

Condom Use/Protection

The most common aspect that was featured in three out of four participants' conceptualizations of risky sex was condom use. It was unclear as to whether the participants viewed engaging in any specific unprotected sexual activities as more risky than others, i.e., anal sex versus vaginal sex. Alice perceived engaging in unprotected oral sex with her female friends as risky, but it is unclear as to whether she viewed unprotected oral sex with a male partner as risky or engaged in this behaviour. Sam did not explicitly mention oral sex or

protection, though one may assume that oral sex is part of her sexual encounters with women. Sam's narrative did not contain any reference to concern about protection, STIs or unplanned pregnancy. Dave explicitly referred to both unprotected vaginal and anal intercourse when he discussed condom use and did not clearly differentiate between one type of sex being riskier than the other.

Casual Sex

Another common theme was the risk associated with having sex with a casual partner and/or casual partners. Dave, for example, sought out casual partners for many years. While he also tended to try to encourage the individuals he engaged in sexual activity with to have unprotected sex with him as well, thus increasing the level of risk associated with his behaviour, the issue of protection was still separate from his desire to have sex with as many different partners as possible.

Both Sam and Dave discuss the idea of "using" someone for sexual gratification and see themselves as both "users" and the individual being "used" in their respective sexual relationships. Sam's experiences with being used occur when purportedly straight women who "want to have that gay experience" approach her, when she is out at a bar for example, "lead [her] off somewhere and get in a random back alley, closed door [. . .] and uh, fool around with [her]". Sam openly stated, "I am used and I recognize that". She believes that because many of these women view her as being "safe" because they know who she is and that she "won't talk about it [. . .] so they get to experience [a sexual interaction with another woman] without the stigma of being a lesbian". Sam does not feel

upset with these women for using her, as she perceives herself as using the women who she has casual sexual relationships with. She also refers to her behaviour as "fun prostitution" as sometimes the women will reward her. "It works well for me, because the odd time that I go out drinking, you know, Pam works behind the bar at one of the bars so I get free drinks all night, you know. It's I get used but I get paid off is kinda the thing".

Dave conceptualizes his experiences with casual sex as "mutual using". He communicates his intentions, i.e., that he is only interested in a one-time sexual encounter, before engaging in any type of sexual activity with a prospective partner to make it clear that he was "not looking for love or a relationship". Dave also tried to ensure that his partners obtained climax first before he pursued his own orgasm. In this way, he views his experiences as two individuals who are predominantly interested in achieving orgasm and are using each other to attain this goal; "it was guaranteed we were using each other; ummm, again if I got them off first [. . .] then I would feel like okay now I'm not just using her because she got off. So now, that's where the mutual using part comes in".

Age at First Intercourse

All four participants referenced feeling that they began engaging in sexual behaviour activities, specifically sexual intercourse, before they had reached an "appropriate" age. Specifically Sam felt that she was "horrendously young" the first time that she had sex at age 14, and Dave recalled feeling like he "not ready" to have sex when he lost his virginity at age 19.

> I think that it was, it's still dumb for people at that age to have sex, I know I sound like an old fart, but I've always thought that even when I was that age, they are not ready for this [. . .] all the guys are there for, just to come, doesn't matter, doesn't really mean nothing.

Alice and Jessica made references to their respective ages at first intercourse throughout their retelling of their experiences. Alice conceptualizes her first sexual experience as risky largely because she was "the tender age of 15". She looks back on her experience as "a very not smart thing to do at the age of 15". Jessica's perception of herself as being too young to be having sex was ultimately one of the biggest barriers to her feeling uncomfortable obtaining condoms or birth control. She felt that her behaviour "was wrong because [she] was so young" and was afraid that others would judge her if they found out that she was having sex. While she was aware of the importance of condoms and birth control, she felt that the primary message she had received through sex education was that "you can start doing this [having sex] when you get older and you know then you can get condoms and things like that".

Factors Affecting Risky Sexual Behaviour

Alcohol

Alcohol was a common precursor to engaging in risky sexual behaviour, but the role it played was conceptualized differently by each individual. Dave viewed alcohol consumption as a necessary antecedent to the majority of his casual sexual encounters. He intentionally consumed alcohol in an attempt to prevent and alleviate negative thoughts and emotions, such as guilt for "using" the

women and concerns about unplanned pregnancy and STIs. Dave frequented bars, parties, BBQs and other events that included alcohol to pursue casual sexual partners. He provided the following anecdote as a generalized example of how the majority of his sexual encounters unfolded:

> You and I would meet, we'd start talking [. . .] we'd starting laughing. I think you're funny, you think I'm funny, next thing we are going off to the side swapping some silly jokes and stuff like that. One of us would ask if the other is single – it would just kinda come up. From there it would be to both of us drinking us more, you are just really telling yourself ahead of time that if I'm buzzed I don't have to feel as bad about doing this; like guilty, right? [. . .] Rarely if ever were condoms even mentioned; sometimes it was just we just did it and that would be it.

Dave also commented specifically on his perception of the relationship between alcohol and sex when he said, "Very unattractive, usually very large women at bars at night; why are they really there? They are not all alcoholics, they know it numbs people down, and everyone needs their loving".

The other three participants referred to alcohol being a factor that was associated with at least one risky sexual experience, but none of the participants began consuming alcohol with the intention of engaging in risky sex. One specific experience that Sam had, occurred when she attended a celebration for gay women with her friends. She was drinking and flirting with many different women in, but was not specifically interested in actually sleeping with anyone. At

some point, Sam realized that all of her friends had left with their respective partners already and she ended up going home with a stranger.

> So I'm hammered and I'm ready to go home and my friends are all in couples and so I say, screw this, find this chick grab her, push her against the wall, start kissing her and she says want to go home with me. I remember being in a cab with her friends and I remember thinking her friends are really old completely oblivious to the fact that this girl beside me could be really old.

Unlike Dave, who did not discuss regretting his behaviour, Sam was quite scared when she woke up as she did not recognize the woman from the night before, was not entirely sure what had happened nor did she know where she was or how to get home. Sam says that she finds this story amusing now, but also alluded to feeling quite taken advantage of by the much older woman, who was also only the second woman that Sam had slept with.

> I'm innocent here I'd only slept with my girlfriend and she's 16 and we're not getting anything crazy here. You can imagine a girl who takes home 18, 19 knowing very well I'm 18, 19 years old what the sexual experience might have been like; stretch your mind a little. I don't know what happened but it was bad, it was a bad scene. I wake up the next morning tequila hangover and look over and here's the ugliest girl I've ever seen in my entire life and then it all kind of floods back about that she's 42 [. . .] I'm like holy shit what is this girl's name? And I'm trying to sneak out, find my clothes which are God knows where in this apartment. She wakes

> up, she wants to hook up again. It's a bad scene and then I'm somewhere in the slums in … no idea how to get home. No idea who this chick is, how to get there so I have to shamefully have to call all my friend. [No idea] where the hell I am, how I got there, it was great.

Alcohol was involved in Alice's experience of engaging in casual sex with her friends. Although she did not initially consume alcohol with the intention of engaging in sexual activity, "I thought it was a bizarre idea at the time, but decided to just go along with it", she did encourage the continued consumption of alcohol, "Yeah, at the time I was like, "Blah, blah, blah…' Like, 'Let's drink more wine and have more fun!'".

Jessica did not intentionally use alcohol to reduce her apprehension about engaging in sexual activity with her boyfriend, but she did enjoy going out and partying with her friends in settings in which alcohol consumption was commonplace. Jessica recalls a number of occasions in which she went into the evening confident that she would insist that her boyfriend wear protection if they were going to engage in intercourse, but "ended up kind of being like 'Whatever'". The following excerpt is Jessica's recollection of a specific time when this occurred:

> I remember I was at, he lived in an apartment with a friend. I don't know why I'd go over to stay at his apartment when I was in grade 10, but anyway. They were having a party and I was having a lot of fun and it was the beginning of the time that we starting having sex, or no; I'm trying to think. I think it was more at that time it was more just having sex at all,

> not just the no protection thing. I remember thinking I'm not sure if I want to do this and we did it once, but I don't know if I want to keep doing it and then getting drunk and it not mattering to me as much. Wanting to more probably, but also just not caring about myself or what I wanted so… I just remember that going into that night thinking "I don't want to", but at the end of the night after drinking and having fun not caring and just doing it.

Desire to Please Partner/Maintain Love

When Alice's partner expressed a desire to engage in unprotected sex, her motivation to please him overrode her fear that the behaviour was "super risky".

> Some day for some reason we were talking about having sex without a condom and how it's like so special and blah blah blah and whatever and like at the time I was like this is super risky, but I decided to do it anyways, because like it was a calculated risk I guess. And I think that like part of the reason was, I don't know, just because it was the beginning of a relationship and you want to be flexible to the wants and needs of your partner.

Jessica and Sam both have experienced situations in which they felt uncomfortable or uncertain about having intercourse with their respective partners. Jessica felt extremely uncomfortable having unprotected sex and expressed this to her boyfriend on numerous occasions. He would initially express understanding, but he would also report a lack of pleasure when they were

actually engaging in protected intercourse, which made Jessica feel guilty about asking him to wear a condom.

> He would act understanding in a way and be like, "Okay, yeah, I'll do this for you", but when it came time for it, it was just, 'This isn't good", so then I would just feel bad. It was kind of like he was sending mixed signals; 'Of course I'd do anything for you as long as you're comfortable'; at the same time he'd convince me otherwise."

There were also times when Jessica's boyfriend would be interested in having intercourse and when Jessica told him that she was not interested at that moment he would say, " 'If you don't have sex with me, you don't love me. If you don't love me you'll leave me. If you leave me I'm going to kill myself.'" When this occurred, Jessica would assent to having sex because she was scared of what might happen if she did not.

Sam also experienced coercion. One difference between her experience and Jessica's, is that Sam was not dating the individual she lost her virginity to and was desperate for his approval. In her eyes, having intercourse with him was not only her way of showing him that she loved him, but it was also the only way in which she received any type of acknowledgement from him. Her first partner did not express desire or love or any other kind of positive emotion or support to Sam other than when they were physically intimate. Sam remembers the sex being violent and unpleasant.

> I was dating this guy and I'm 14 and I'm so in love with him and we were going to get married and I'm 14, right? And he won't acknowledge me.

> Well, he will be there's kind of; I wasn't the coolest kid in high school, so it wasn't the coolest thing to be dating me. Then, so we break up, and we did biathlon together, we are on the same team and he still wants to still fool around. I'm crazy for him so of course I will. And then the first time we had sex, I didn't want to and he said, "Well if you love me you'll do this". Well, I loved him so of course I will. So I have the most violent, horrible memory of my first sexual experience; but it's okay I'm over it it's been years. But the point is they'll do this for me to show me you feel that way for me sets the tone for every other sexual relationship that I will ever have.

Perceptions of Self

Self-Esteem

Three participants spoke about how their self-confidence or self-esteem was directly related to their risky sexual behaviour. Jessica believes that a lack of confidence contributed to her inability to insist that her boyfriend wear a condom. She was primarily concerned about the comfort and happiness of others and placed their wants and needs above her own. In her own words, "now I feel like I have more confidence in myself and I can stick up for what is healthy for me or right for me and at that time I knew that I wasn't". Although she was very afraid of becoming pregnant, she was even more concerned with the potential repercussions of not agreeing to have sex with her partner.

A lack of confidence also contributed to Jessica's fear of ending the relationship. She believed her boyfriend when he said, " 'You break up with me

I'll tell everybody what a slut you are and no guy will ever like you because they'll think you're a slut, and I'm the only one who will love you for who you are'". Her boyfriend's comments fit with Jessica's negative perception of herself and her behaviour; her fear that his words were accurate played a large part in her remaining in the relationship for as long as she did.

Both Sam and Dave perceive an individual's willingness or desire to engage in sexual activity with them as affirmation of their worth. This association is especially strong for Sam as she views sex as an expression of love. Although both Sam and Dave sought about casual sex partners to bolster or maintain their self-esteem, Sam wishes that she did not feel the need to engage in casual sex. Her preference would be to receive consistent acknowledgement from her current committed partner, but she often turns to casual partners because she does not receive validation. Sam uses casual sex to cope with events and experiences that cause her to feel rejected or inadequate:

> When you get ignored and shunned by your significant other for, you know, a piece of carbon fibre, it's really easy to go and find solace in someone else. And it's not someone else is your friend who gives you a hug it's, "Well screw you; she wants me!" I lose a race? Well it doesn't matter, because I'm like, "Look at these girls chasing me!"

When she is having sex she sees herself as "the most important person in somebody else's life". This belief provides her with the acknowledgement she is so desperately seeking.

The connection is more clear and simple for Dave. He is consistently motivated by a desire to engage in casual sex and interprets any rejection as an attack on his worth. He feels good about himself the majority of the time and these blips in which he is unable to find a casual partner are the times when he feels down. Dave's motivation to have casual sex in order to bolster or maintain his self-esteem overrode his concerns about the possible negative side effects of his behaviour, such as feelings guilt, transmission of STIs and unintended pregnancy.

> It's always knowing what I'm doing, knowing what the outcome is going to be, knowing what thoughts I'm going to have the next day about it, but it's like, 'Aw, screw it!'; because at the time if I didn't get laid it was a bad night. I could be down for a week because of that.

Concern about Perception of Others

The three female participants all expressed concern about how their behaviour may be perceived by others. While Dave did not specifically express this concern with regard to his own behaviour, he did note that sometimes the women he had casual sex with were concerned about how their behaviour may be perceived. For example, when Dave would inform a prospective partner that he was only interested in a one-time sexual encounter, the majority of women were open to engaging in casual sex as long as their "girlfriends didn't see [them] leave" together.

Jessica was so concerned about receiving judgement and criticism from others that she was not willing to go to the doctor to obtain a prescription for an oral contraceptive or to purchase condoms from a pharmacy.

> I was too embarrassed to go to the doctor. I really wanted to be on the pill obviously, but I was too scared, which is so silly looking back, but I didn't want my mom to know. [. . .] I'm sure I could have just gone to the doctor by myself, but for some reason it just seemed too scary for me. I didn't want to be judged, I didn't want…probably just judged really… It was interesting that I was putting myself in such a situation just for not wanting to be judged.

Her fears also prevented her from speaking to her parents or trusted adults for advice or support.

Alice also stated that she would not have felt comfortable purchasing condoms or obtaining a prescription for birth control in her small town because, "everyone knows everyone" and she did not want others to know that she was having sex. This was somewhat less of a concern for her as she had previously obtained condoms on a school trip abroad.

Sam has not been able to keep others from finding out about her behaviour and is very aware that her actions are negatively perceived by her teammates and coaches, in particular. "I have 13 teammates and we have a co-ed locker room; I get all the reality checks I need". It is clear that she is concerned about what other people think about her and her behaviour as she stated, "I don't want to have the reputation I have among my teammates".

> I've gotten myself in a lot of trouble. My coaches hate it when Sylvia and I are fighting or kind of on a break or something like that because if we are together then I'll hide it. Everyone will comment on my womanizing but

> nobody sees but if we are in a bad place they say I'm just hell to deal with on campus because all the coaches say keep her away from our girls and I cause problems. It's bad.

Summary of Findings

In the current study, participants were asked to share their experiences with risky sexual behaviour. The participants reflected upon their behaviour and their perceptions of what causes and constitutes risky sex. While the interviews produced four distinct narratives, careful analysis of the information the participants provided revealed a collection of shared experiences and understandings. These commons elements were grouped into the following themes: Conceptualization of Risky Sexual Behaviour, Factors Affecting Risky Sexual Behaviour, and Perceptions of Self. Each of the aforementioned themes was further divided into subthemes in order to fully encapsulate the participants' experiences.

CHAPTER FIVE

DISCUSSION

The goal of this study was to use flexible, open-ended interviews to obtain a rich description and understanding of individuals' experiences with risky sexual behaviour. An in-depth analysis of these interviews revealed five broad themes which were explicated in detail in the previous chapter. This section integrates the findings from the present study with relevant literature by comparing and contrasting the results of previous research. The implications of the current findings as well as the limitations of this study and potential opportunities for future research are discussed.

Conceptualization of Risky Sexual Behaviour

In the literature, risky sex is most commonly defined as any behaviour that could result in unintended pregnancy or the transmission of a sexually transmitted infection (Patel, Yoskowitz, & Kaufman, 2007; Schroder, Johnson, & Wiebe, 2009; Turchik, Garske, Probst, & Irvin. 2010). A potential shortcoming of the majority of these studies is that the research was conducted using an a priori definition of risky sexual behaviour that is based primarily on a disease avoidance model, which may fail to capture the many psychological and emotional nuances endemic to sexual relationships. While concerns about STIs and pregnancy were major concerns for three out of four participants, the current study revealed that there a number of other complex psychological and emotional risks associated with sexual behaviour that are at least as, if not more, important factors in the conceptualization of risky sex. All of the participants reported engaging in at

least one experience of sexual behaviour that posed a risk to their personal physical, emotional and/or psychological health and safety.

Three of the four participants interviewed specifically stated that the possibility of contracting an STI or unplanned pregnancy contributed to their perception of their behaviour as risky. All three participants referred to the increased risk associated with unprotected sexual activity and viewed this behaviour as particularly risky. This perception of unprotected sex as risky, fits with the operational definition provided by many previous studies; for example, Brook, Morojele, Zhang and Brook (2006), Cooper et al. (1998), Metts and Fitzpatrick (1992) and Spitalnick et al. (2007) all included frequency of condom use in their definitions of risky sex. It is not surprising that these concerns formed the primary basis for the participants' understanding of their behaviour as risky as the prevention of STI transmission and unintended pregnancy tend to be the focus of most sexual education programs. The individuals in this study reported an acute awareness of the risks associated with unprotected sex, which was borne of sexual education classes and general common-sense "knowledge"; the prevailing understanding was that having unprotected sex was something that one should simply not even consider doing. Perhaps the well-intentioned attempts of educators, health care professionals and caregivers to ensure the health and happiness of today's youth are missing an explanation and/or understanding of the nuances of sexual decision making as their primary focus is to prevent negative outcomes. It can be easier to view situations as black or white – using condoms good, not using condoms, bad – but in the present study this simplistic notion of

sex and sexuality has actually resulted in the participants feeling a deep sense of shame and regret regarding their behaviour and also ultimately shuts down the opportunity for individuals to discuss the finer points of sexual decision making. Perhaps if there was more openness to entertaining alternative points of view and teaching individuals how to deal with situations in which the alternatives are not quite so black and white, i.e., use a condom versus do not use a condom, it would provide people with skills and knowledge required to adeptly navigate the sometimes murky waters of sexual activity and sexual risk taking. Research indicates that one may go into a given situation with the intention to have protected sex, but end up having unprotected sex as a result of various situational variables; educating individuals on at least some of these potential variables and asking people to propose potential barriers to condom use would be helpful as it may instill a level of confidence and efficacy in dealing with these situations if or when they do arise.

Another common element in the participants' subjective definitions of risky sex was casual sex. The three participants who reported engaging in casual sex with relative strangers, acquaintances and/or friends perceived the potential for both psychological and biomedical risk in their behaviour. Previous research supports the inclusion of casual sex under the larger umbrella of risky sex in terms of the potential negative physical side effects, but does not include the possible negative emotional and psychological effect that may also result. From a biomedical perspective, casual sex is risky as one is unlikely to obtain knowledge of a casual partner's sexual history and could therefore be unwittingly engaging in

sexual activity with a high risk, i.e., HIV positive, partner. Multiple partners is identified as high-risk by a number of researchers (Brook, Morojele, Zhang & Brook, 2006; Centre for Disease Control, 2011; Cooper et al., 1998; Metts & Fitzpatrick, 1992; Spitalnick et al., 2007), all of whom included both frequent intercourse and multiple lifetime sexual partners in their definitions of risky sex.

Hookups, defined as a sexual encounter that takes place between two acquaintances or relative strangers with the knowledge that it will be a onetime encounter that does not lead to a relationship, are one specific type of causal sexual activity (Paul, McManus, & Hayes, 2000). It is important to note that the sexual encounter does not necessarily involve coitus; for example, in one study, only 72% of participants reported that any kind of sexual behaviour was involved in their typical hookup experiences and of that 72%, only 41% reported engaging in intercourse (Paul & Hayes, 2002). The experiences reported by the participants in the current study are supported by the findings of a few previous studies which focused on the characteristics and phenomenology of hookups. For example, Paul et al. (2000) found that two key features that distinguish between individuals who have experienced coital versus non-coital hookups are alcohol intoxication and what they refer to as a "ludic" or "game-playing" love style. The behaviour of individuals with a ludic love style is motivated by a desire to obtain a sexual conquest as opposed to the possibility of an intimate or committed relationship. This definition fits very well with the experiences reported by one participant, Dave, in particular; he reported that his primary interest in engaging in casual sex was curiosity and excitement about the possibility of engaging in intercourse with

a novel partner. Additionally, Paul et al. found that when combined with alcohol intoxication symptomology, actual or perceived, individuals with a ludic love style have the potential to become dangerous aggressors who force their partners into unwanted sexual coital hookup experiences. While Dave did not report a subjective experience of forcing his partners into having intercourse, the findings of this study regarding the relationship between love style, alcohol intoxication and coital hookups are reflective of his experiences.

A second study, conducted by Paul and Hayes (2002) found that alcohol use and intoxication were present in almost every participant's hookup experiences, especially his or her most negative ones. This fits with the findings from the current study as all four participants reported that alcohol was a factor in their risky sexual experiences, regardless of whether they felt that they were positive or negative. Specifically, participants' in Paul and Hayes' and the current study reported that alcohol was a factor that resulted in them participating in unwanted sexual experiences, made it difficult or impossible for them to escape upsetting or uncomfortable situations, and interfered with their ability to remember the experience. These findings point to the importance of continuing to investigate the effects of alcohol intoxication as well as perceived intoxication on risky sexual behaviour. Perhaps education about the potential risk factors of combining these behaviours would be helpful.

Psychological Risk

Three of the participants alluded to the subjective experience of "feeling" that a given sexual experience was risky separate from specific concerns about

STIs or unplanned pregnancy. A similar idea was posited by Bourne and Robson (2008) who conducted a study which sought to understand the participants' understandings of "safe" sex above and beyond the conventional biomedical model of avoiding STIs. The researchers found that individuals reported perceiving their sexual activity as "safe" when they "felt" safe psychologically. The participants in Bourne and Robson's study did not need to be engaging in sexual activity within the context of a committed relationship in order to feel that their behaviour was safe. Familiarity played a key role in whether or not an individual perceived his or her behaviour as safe; it appears that simply knowing someone, not necessarily having any kind of emotional or romantic attachment to him or her, is sufficient reason to believe that having unprotected sex is safe. This fits well with the findings from the current study in that at least two of the participants reported feeling that their objectively "risky" behaviour was safe simply because they knew their partners in a nonsexual context. While the element of trust appears to have been important for some individuals, others required only a cursory knowledge of their casual partner(s) in order to feel that the risk of STI transmission in particular was essentially a nonissue.

One possible explanation for the participants' perception that having unprotected sex with friends, colleagues or even poorly known acquaintances was safe was posited by Bourne and Robson (2009). They suggest that self-positivity bias, specifically that people tend to assume that they are a lower risk for contracting an STI than any other given individual (Raghubir & Menon, 1998), combined with the belief that one's friends behave similarly to oneself (Menon et

al., 1995) can lead to the assumption that those you are familiar with are "safe" sexual partners. While this explanation may hold for some participants who tended to engage primarily in safe behaviour, it is somewhat harder to believe that the individuals who engaged in frequent casual sex with numerous partners would not also be concerned that their partners were also having frequent casual sex, in which case the possibility of STI transmission in particular seem particularly elevated.

The recent research on adolescent egocentrism and the potentially erroneous belief that adolescents perceive themselves to be invincible (de Bruin, Parker, & Fischhoff, 2007) may also provide some additional insight into the participants' experiences with risky sex. Contrary to popular belief, it appears that adolescents are actually more likely to believe that they will die prematurely than to believe that they are unassailable (Jamieson & Romer, 2008; Reyna & Rivers, 2008). This fits with the narratives provided for the current study as all participants reported a very real awareness of the potential risks of engaging in risky sexual behaviour and were often quite afraid of what they perceived to be the almost inevitable negative consequences. The "risk and be damned" ideology, originally identified by Moore and Rosenthal (1991) was present in all four participants' narratives as they recalled experiencing at least some level of cognitive dissonance that accompanied their decision to engage in risky sex. Participants reported a number of different rationales for throwing caution to the wind, from believing that life was not worth living anyway, so it may as well be enjoyed to experiences of such intense shame regarding sex that the risk of

someone finding out about the behaviour was perceived as a consequence that outweighed the possibility of suffering from an STI in silence.

One participant's description of her decision to engage in unprotected sex for the first time with a committed male partner depicts this experience as a pivotal moment in their relationship. This understanding of her experience is supported by a meta-analysis performed by Flowers et al. (1997). This study found that being in a romantic relationship was the most reliable predictor of unprotected anal sex amongst gay and bisexual men. Additionally, Bourne and Robson (2009) found that the safety and security associated with intimate relationships has the power to decrease one's perception of his or her behaviour as risky. In their study, all except one participant reported that condom use ceased at some point in in all of their sexual relationships with others (Bourne & Robson). It is very common for couples to utilize condoms at the beginning of a relationship, but to discontinue this practice within the following months, weeks or even days (Bourne & Robson). Emmers-Sommer and Allen (2005) believe that individuals perceive the cessation of protected intercourse as an indication that they are in a committed, exclusive relationship. A willingness to engage in unprotected sex suggests that one trusts his or her partner and would like to increase the level of intimacy in the relationship.

Alcohol

All four participants shared at least one experience of risky sexual behaviour that included, and was often preceded by, alcohol consumption. This is not surprising given the plethora of previous research suggesting that there is a casual link between alcohol and uninhibited sexual behaviour (Cooper, 2006;

Lackie & De Man 1997; Leigh, 1999; Markos, 2005; Taylor, Fulop, & Green, 1999). Specifically, Morojele et al.'s (2006) finding that men report enjoying both consuming alcohol and engaging in risky sexual behaviour as recreational activities fits with the findings of the current study. Although there was only one male participant, his narrative included numerous references to both drinking and risky sex, and reported that the two activities tend to co-occur. This is also supported by Morojele et al. who found that men perceive the possibility of having casual sex while consuming alcohol as particularly desirable. One possible explanation for the link between alcohol consumption and risky sexual behaviour is that there is a third variable, such as an individual's genetics or certain aspects of his or her environment, which motivate both behaviours (Cooper, 2006); for example, Cooper, Wood, Orcutt and Albino (2003) found that low impulse control, a pattern of avoiding dealing with negative emotions and a penchant for thrill-seeking behaviour account for up to one third of the statistical overlap between alcohol use and risky sex. This could potentially help to partially explain the behaviour of the two participants who reported intentionally seeking out casual sex.

Two of the female participants who reported engaging in sexual intercourse while intoxicated, also reported feeling at least some level of regret or remorse for their behaviour. This finding fits with the results of a study regarding sexual regret in college students conducted by Oswalt, Cameron and Koob (2005). The belief that alcohol impacted their decision to have sex was the second most cited reason why the participants reported regretted their behaviour. Older studies

examining the relationship between alcohol and risky sexual behaviour, such as Anderson and Mathieu (1996) and Lear (1995), found that women are more likely to report an aversion to engaging in sexual intercourse while intoxicated, primarily because they often regretted it later. More recent research suggests that while previous studies have reported gender differences, these findings are likely equivocal at best as they have not been reliably observed across studies investigating both similar and different behaviour (Cooper, 2002).

The alcohol myopia theory may help to explain why it was more difficult for these women to resist engaging in risky sexual behaviour when they were intoxicated. First posited by Steele and Josephs (1990), alcohol myopia theory suggests that alcohol reduces individual's cognitive capacities, diminishing the amount of information that one can process effectively. As a result, intoxicated individuals tend to focus on simple, highly salient stimuli, such as sexual arousal, and disregard more distal information, such as fear of unplanned pregnancy or STI transmission. For example, in the participants' experiences, this theory would suggest that while sober, they are able to adequately process the inhibiting cues, which play a role in impulse control, as well as the impelling cues, their most proximate desires, and decide to insist that a condom is used during intercourse to avoid potential negative consequences in the future. Conversely, when intoxicated, these individuals are primarily only able to process the stimuli that tend to lead to disinhibited behaviour, such as how it would feel good to have unprotected sex and/or how it may prevent a fight or disagreement with their partner. As participants were concerned with their partners' happiness to at least

some degree, they may have felt that it was simply easier to go along with what their partners' wanted especially when unable or unmotivated to worry about the less immediate concerns of STIs and unplanned pregnancy.

One participant in particular engaged in a sexual activity that was completely novel to her; having no real previous knowledge or experience to base her behaviour on may have made it especially difficult for her to process the potential negative consequences of what she was doing when everything seemed and felt safe to her at the time. She reported that she was completely unconcerned with the possibility of contracting an STI even though in retrospect she is aware that STIs can be transmitted between females. Once sober, she also remembered that both of her female partners' had told her about their previous sexual experiences with potentially high risk partners, reinforcing her belief that she probably should have been more concerned about STIs.

Self-Esteem

Previous research indicates that young women with low self-esteem may lack the confidence and self-efficacy that are required to make healthy decisions about their sexual behaviour, while young women with higher self-esteem are more likely to be adept at resisting external pressure and making positive choices regarding their sexuality (Gillmore, Butler, Lohr, & Gilchrist, 1992; Robinson, Holmbeck, & Paikoff, 2007). Women who felt powerless in their relationships also reported decreased condom use and feared that their partners would react negatively if condoms were suggested (Soet, Dudley, & DiIorio, 1999).

Researchers also indicate that adolescent women predominantly seek out love and acceptance from others and may use their perceived level of love and acceptance as a barometer for their sense of self-worth (Gullotta, Adams, & Markstrom, 2000; Orenstien, 1994). Evidence of how this can potentially lead to risky sexual behaviour is evident in this study. and are consistent with a study by Robinson, Holmbeck & Paikoff (2007), which found that self-esteem enhancing motives for having sex are potentially even more important to men than women and that there appears to be a relationship between having sex to bolster one's self-esteem and risky sexual behaviour. Also consistent with the current study, Robinson et al. found that individuals endorsing self-esteem enhancing motives are more likely to report a higher number of sexual partners and are less likely to use protection. Additionally, Robinson et al. found that men who report self-esteem motives also reported the highest number of sexual partners.

It appears that a desire to increase one's self-esteem may supersede concerns about preserving one's physical health. Participants in this study who cited low self-esteem as part of their motivation for engaging in risky sex, also displayed an apparent disregard for their physical well-being. The potential risks were acknowledged, but ultimately deemed less important when compared to the potential benefits associated with the acknowledgement the participants' experienced when engaging in sexual activity.

Embarrassment and Self-Presentation

The findings from this study are consistent with previous research on the inhibitory effect of embarrassment and self-presentational concerns on the

acquisition of condoms and other contraception. The majority of the participants in this study who discussed condom use also made reference to fears about others, particularly adults, finding out that they were purchasing or otherwise obtaining contraception and this fear posed a significant barrier to the acquisition of contraception, even when it was desired. These concerns were primarily relevant when they were adolescents, which strengthens the theory that this age group is particularly preoccupied with how others perceive them. Additionally, consistent with research by Bell (2004) and Hillier, Harrison, & Warr (1998), the participants who were most concerned about the perception of others were living in small towns which rendered it difficult, if not impossible to obtain contraception anonymously. The fact that the inability to obtain contraception anonymously was such a significant barrier provides further evidence of the strength of the motivation to avoid judgement, as it superseded concerns about personal health and welfare.

The current study differs slightly from previous research with regards to the proposed inhibitory effect of embarrassment and self-presentational concerns on the use of condoms during intercourse. None of the participants in the present study reported a fear of being perceived negatively for asking their partner to use protection. Additionally, the fears of being perceived as promiscuous or too forward that concerned women who wanted to carry protection in previous research were not reported by any of the participants in this study. This is likely because the previous studies were conducted almost 30 years ago and may no longer accurately represent the experiences of women today.

Implications

Clinical Practice

One participant reported that engaging in the interview was helpful for her because it gave her the space to talk about her previous experiences with risky sexual behaviour and allowed her to better understand how these experiences fit in with her life on a bigger scale; this is relevant and important because it may be applicable to experiences beyond risky sexual behaviour which people regret and/or do not feel really fit in with their lives. Using a narrative therapeutic technique and/or giving individuals a nonjudgmental space in which to talk about their experiences may be helpful in terms of forgiving themselves about behaviour that they did not understand or feel/felt guilty about. This practice may also be a way to help individuals be more empathic to others, as in learning to love and to be kind to themselves they may in turn be more patient with and understanding of others.

Sexual Education Programs

Most current sexual education programs taught in schools as well as the majority of sexual health promotion campaigns focus on the importance of engaging in "safe sex" as the primary defense against the transmission of STIs. However the definition of "safe sex" is often narrowly based, focusing on the behaviours and mechanisms which minimize the possibility that one may come into contact with his or her partner's bodily fluid(s); i.e., condoms. A few researchers have pointed out the potential issues with this conceptualization of safe sex. For example, Bourne and Robson (2009) suggest that it fails to take into

consideration “the complex interper+sonal and psychosocial issues which underpin sexual behaviour in all its manifestations” (p. 285). Additionally, Appleby, Miller and Rothspan (1999) posit that “a failure to acknowledge that risky sexual behaviours are closely tied to loving may have led to ineffective HIV interventions in the past” (p. 91). The findings in this study support Odets’ (1995) belief that simply telling individuals that they ensure a condom is used every time they engage in sexual behaviour is a “ridiculously simple solution” (p. 132) which overlooks the inherent social and emotional aspects of sex. Specifically, the results of this study suggest that topics such as embarrassment and self-presentational concerns, self-esteem and the effects of alcohol needs to be addressed in all sexual education and sexual promotion campaigns if they are to be effective. It is clear that individuals are aware of the risks inherent in unprotected sex, but lack the knowledge, skills and experience required to effectively maneuver the social, emotional and psychological facets of sexual behaviour.

Focusing on the biomedical risks associated with risky sexual behaviour may deter individuals from discussing their behaviour as they may fear that they will face prejudice or judgement if they disclose their stories. This is both problematic and unfortunate as embarrassment appears to be a barrier to safer sex and the opportunity to talk about one’s experiences with risky sexual behaviour may help one to realize the factors that motivated the behaviour. In a counselling setting this discussion could lead to an identification of the deeper seated issues that may underlay these motives, which in turn provides the possibility of exploring

healthier ways to deal with one's thoughts and feelings that do not involve risky sex. For example, if someone is engaging in risky sexual behaviour as a way of avoiding negative emotions, a skilled therapist could help this individual to develop some other coping strategies that do not pose such a risk to his or her physical, mental and emotional health.

Future Research

Based on the findings from the current study, topics such as embarrassment and self-presentational concerns need to be addressed; perhaps it would be helpful to speak with teens and adolescents in particular to determine how schools, parents, the community, etc could make it easier for adolescents to access the resources that are required to protect them against unwanted/undesirable consequences. If these questions are posed hypothetically, this may take the pressure off of the participants to reveal information about themselves and could potentially result in some creative and/or interesting ideas. It may be important to remind adults how embarrassing it is for adolescents to obtain contraception which may help them to have more empathy and understanding of adolescents' behaviour.

There are some clear strengths and strategies that are working in current sexual education programs as individuals are aware of what behaviour are potentially risky; perhaps what is missing and/or what could be added is a piece regarding what these individuals could do instead. Telling someone not to do something is not necessarily helpful, particularly when not provided with an alternative. If individuals are engaging in these behaviours even though they are

aware that they are risky, it is probable that these behaviours are serving or fulfilling one or more needs. Prevention and/or intervention methods designed to change or eradicate this behaviour will not likely be successful as they are not addressing the real issue and are making erroneous assumptions about the motives underlying individuals' behaviour. If we examine the benefits of engaging in risky sexual behaviour and determine what advantages and/or benefits this behaviour is providing and openly discuss the potential benefits and drawbacks, people could thoughtfully examine their behaviour and perhaps become more motivated to change it.

Identifying the motives that underlie this behaviour could also help to provide a starting point for examining and/or suggesting other, safer, ways to experience the benefits that this risky behaviour provides; this would potentially be quite helpful as it would entail dealing with the problem itself, not just the "symptom". Teaching adolescents and adults the drawbacks of basing one's self-esteem on external reinforcement and the cycle of constantly needing that reinforcement that is created would illustrate how risky sexual behaviour is not an effective coping strategy, but simply a temporary bandage.

This study also reinforced the role that alcohol plays in many individuals' experiences with risky sexual behaviour. Given this relationship, perhaps addressing the reasons why individuals are consuming could also be examined. Empirically testing the relationship between alcohol use/intoxication and risky sex and determining the motives that are guiding alcohol consumption could provide additional information that could be used to inform sexual promotion campaigns

and sexual education. For example, if people consume alcohol and engage in risky sexual behaviour for similar reasons, perhaps an intervention that addresses this third variable would reduce the incidence of both potentially risky behaviours.

It is clear that the biomedically based definition of risky sexual behaviour that permeates that literature is missing some of the elements that are inherent in people's experiences of risky sexual behaviour. Further research into how individuals perceive, define and experience "safe" versus "risky" sexual behaviour is warranted. An expanded definition may increase the effectiveness of public health promotion and sexual education initiatives as people may take it more seriously if they feel it is relevant to their experiences. Additionally, an exploration of these emotional, social and psychological aspects of sexual behaviour may provide people with the opportunity to consider these issues before they are faced with them in a relationship. For example, if these elements were included in most sexual education curriculums adolescents will be provided with the tools and knowledge required to deal with these issues if/when they are ultimately faced in real life. If they are prepared and have strategies in place beforehand they may feel better able to respond to the situation in a way that they are comfortable with and confident in.

Figuring out a way to make it less embarrassing and potentially more "positive" or empowering for an individual to obtain contraception could also potentially increase its use. Programs that promote the use of contraception, condoms in particular, could potentially attempt to alter some of the negative

messages associated with carrying protection and/or insisting that a condom is used during intercourse. Focusing on taking control of one's personal health and safety and perhaps promoting condom use as a common health promotion practice, akin to taking a daily vitamin, may help individuals to view this behaviour as a healthy, empowering choice. Additionally, addressing the belief that condom use implies mistrust and/or disease could also potentially be alleviated if this practice was reframed as something that is actually a way of communicating love or respect. The analogy of wearing a seatbelt while someone is driving may be appropriate; one does not wear a seatbelt because they are suggesting the individual driving the car is not a competent driver, but because accidents happen. Someone is unlikely to be insulted if you put your seatbelt on when they are driving you somewhere, so perhaps they need not be insulted when you ask that a condom is used during sexual activity.

I believe that normalizing condom use in general could go a long way towards increasing this behaviour. I understand the difficulties of making condoms easily available for adolescents in schools, for example, as parents and teachers may be concerned that this suggests that sexual activity among young is being promoted and supported, but if these individuals were to be challenged with the reality of what is occurring and encouraged to support protective behaviours perhaps there may be an opportunity for children and teens to feel comfortable talking to these individuals for support and guidance. This may also be an opportunity for a skilled counsellor or therapist to mediate both individual and group sessions with adolescents, providing them with a supportive, reliable and

trustworthy individual whom they may feel comfortable turning to if they have questions. It may be difficult for parents to agree to keeping these sessions confidential, but if this was possible it may help increase the adolescents' comfort level and the effectiveness of the program.

Considerations

While the participants in this study provided a wealth of information about their experiences with risky sexual behaviour, there are some potential limitations inherent in the research sample. Given the diverse experiences reported even within this small sample that the findings reported in this paper do not characterize the experiences of the population as a whole. Future research focusing on specific sectors of the population, i.e., adolescents, homosexual men, heterosexual women, university students, and adults may reveal additional information and/or uncover between and within group differences. Further investigation and corroboration of the themes uncovered in the current study with diverse samples is advised.

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Appendix A

Recruitment Poster/Email

Risky Sexual Behaviour

Are you between the ages of 18-25?

Have you been involved in at least one sexual experience that you would describe as "risky"?

Are you willing to be talk about your experience(s) in a 1 hour face-to-face interview?

If you answered **YES** to these questions, I would greatly appreciate it if you would participate in a study about your previous experience(s) with risky sexual behaviour.

When: At a mutually convenient time

How: Contact Beth Moore (MEd Counselling Psychology student at the University of Alberta) at elmoore@ualberta.ca for more information about the study and/or how to participate.

All responses will be kept strictly confidential.

Please contact Beth Moore (elmoore@ualberta.ca) or Dr. Robin Everall (robin.everall@ualberta.ca) for more information.

Appendix B

General Interview Guide

General Interview Guide

List of Potential Interview Questions

- Could you tell me about a time that you engaged in risky sexual behaviour?
- Could you tell me about another experience you had with risky sexual behaviour?
- Could you tell me about your most recent experience with risky sexual behaviour?
- Could you tell me more about your experiences with risky sexual behaviour?

- Could you tell me how you feel about your experiences with risky sexual behaviour?
- Could you tell me what does risky sexual behaviour means to you?

Probing questions:

- Could you tell me what happened? From the beginning to the ending?
- Could you tell me about a time that displays it at its clearest?

If I do not feel like I am getting the information that I want/need; not detailed enough:

"It would be helpful to me if we could go into some of the details of this story that you're telling and let me just explain why I'm asking detailed questions. It's because in this project one of the goals is to really listen to and understand people and the best way to do that is to really have full and detailed stories."

- Feel free to ask questions about details of the story; it may seem intrusive to me, but it is important to get these details for my research

Appendix C

Informed Consent Form

INFORMED CONSENT FORM

Title of the Study: How Do Individuals View Their Own Experiences with Risky Sexual Behaviour?
Primary Researcher: Beth Moore, MEd Counselling Psychology Student, University of Alberta

You are invited to take part in a research study that will investigate how individuals view their experiences with risky sexual behavior and understand their decision(s) to engage in risky sexual behavior. The current study is being conducted as partial fulfillment of thesis requirements for a MEd in Counselling Psychology at the University of Alberta in Edmonton, Alberta under the supervision of Dr. Robin Everall, Professor of Counselling Psychology in the Department of Educational Psychology in the Faculty of Education at the University of Alberta.

PROCEDURE

You will be asked a few questions about your experiences with risky sexual behaviour in a face-to-face interview. The interview will last approximately one hour. The interviews will be recorded to ensure accuracy and for transcription purposes.

CONFIDENTIALITY

Given that the questions will be of a personal and sensitive nature, the researcher will ensure that all…

- of your responses will be kept confidential.
- recorded material will be stored in a secure location to which only the primary researcher has access.
- typed and/or transcribed information will be kept on the primary researcher's personal computer in a password protected file.
- personal information will be removed from the data before it is released to help ensure confidentiality.

PARTICIPANT RIGHTS

As a participant, your rights are as follows:

You have the right to…

- opt out at any time without penalty and to have any collected data included in the study.

- privacy and confidentiality.
- safeguards for security of data (data will be kept in a secure location off campus for a minimum of 5 years following completion of research project at which point they will be destroyed in a way that ensures your continued privacy and confidentiality).
- disclosure of the presence of any apparent or actual conflict of interest on the part of the researcher(s).
- a copy of a report of the research findings when the study is completed. Please contact the primary researcher by telephone or email to request a copy.

POSSIBLE RISKS AND BENEFITS

The questions are of a personal and sensitive nature which may cause some participants mild discomfort. If you do experience any distress as a result of your participation, the researcher will provide you with a list of resources.

WHO CAN PARTICIPATE?

You are eligible to participate in this study if you are 18 years of age or older and have had experience with some form of risky sexual behaviour.

CONTACTS

Please feel free to contact the primary researcher (Beth Moore) at elmoore@ualberta.ca or Robin Everall at robin.everall@ualberta.ca if you have any questions or concerns.

Please note that you will be provided with two copies of the consent form. Please sign both. One is for you to keep for your records and the other is to be returned to the primary researcher.

Signing below indicates that you have read and understand the above information, and that you have agreed to participate in the study.

I have read and understood the above information, am over the age of 18 and consent to voluntarily participate in the study.

Signature: _____

Date: _____

Appendix D

Debriefing Form

DEBRIEFING FORM

Title of the Study: How Do Individuals View Their Own Experiences with Risky Sexual Behaviour?

Primary Researcher: Beth Moore, MEd Counselling Psychology Student, University of Alberta

Researchers studying risky sexual behaviour have often engaged in the process of examining the relationships between variables and attempting to either prove or disprove a theory. While this type of research has produced some meaningful data, it has failed to capture the meaning that individuals have ascribed to their experiences. In order to truly understand individuals' experiences with risky sexual behaviour, a researcher must be willing to set aside his or her own beliefs to provide space for individuals to feel comfortable commenting on, responding to and/or providing context for their behaviour. As such, this study was designed to obtain a rich description and understanding of participants' own personal experiences with risky sexual behaviour and to gain perspective on how they understand their decision to engage in risky sexual behaviour.

Given the personal and sensitive nature of the information you provided, all of your responses will be kept confidential and the recording of your interview will be stored in a secure location to which only the primary researcher has access.

If you have any questions or concerns following your participation please feel free to contact the primary researcher (Beth Moore) at elmoore@ualberta.ca or Dr. Robin Everall at robin.everall@ualberta.ca.

If you experience any distress as a result of your participation, please feel free to contact one or more of the individuals and/or agencies listed below:

University of Alberta Student Counselling Services

780-492-5205; Located on the 2nd Floor, Students' Union Building Edmonton, AB T6G 2J7

The Support Network

Distress Line: 780-482-4357
Walk-In Counselling: 780-482-0198
Online Crisis Support: 780-482-0198

Sexual Assault Centre of Edmonton

780-423-4102
24-Hour Sexual Assault Crisis Line: 780-423-4121
info@sace.ab.ca

University Health Centre

780-492-2612; Located on the 2nd floor, Students' Union Building Edmonton, AB T6G 2J7